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Reliques of Ancient English Poetry:

CONSISTING OF

OLD HEROIC BALLADS, SONGS, AND OTHER PIECES
OF THE EARLIER POETS.

COLLECTED BY THOMAS PERCY, D. D.

TO WHICH IS NOW ADDED, A SUPPLEMENT OF MANY CURIOUS HISTORICAL
AND NARRATIVE BALLADS; WITH A COPIOUS GLOSSARY, AND NOTES.
ILLUSTRATED WITH STEEL PLATES. 1 vol. royal 8vo.

"The first time I could scrape a few shillings together I bought
unto myself a copy of this beloved volume, nor do I believe I ever
read a book half so frequently, or with half the enthusiasm."—*Sir
Walter Scott.*

"Percy's Reliques are the most agreeable selection perhaps which
exists in any language."—*Ellis.*

NOTICES OF THE PRESS.

We welcome with peculiar pleasure this exquisite and greatly enlarged edition of one of the principal books in English literature. To be ignorant of that great standard collection is to be ignorant of the sweetest popular lyrics in the language, and to which all the publications of the Percy and other societies are mere addenda. Perhaps no work in English has called forth more echoes in literature, inspired more imitations, or contributed so much to form a taste for the pure, simple ballad. Had it not been for Percy, even Scott himself might never have written his minor ballads, and Motherwell would possibly have never dipped into the strengthening tide of the vigorous simple *Volkelied*, as it is termed by Germans, or the popular romance ballad.

We had, previously to the receipt of this work, read Percy through in five different editions—a fact which we mention that we may state that we consider the edition before us as superior to them all. The superiority consists in the addition to the original of a number of well selected ballads, and metrical romances. There is in these metrical romances an original and courtly tone which has never been exactly

reproduced by any modern poet, and which is still as well worth attaining as any style of poetic inspiration with which we are acquainted.

We are not a friend of that hackneyed phrase "a book which no gentleman's library should be without." But we consider it as eminently applicable to the work now before us, and we consequently apply it in its fullest force. Not only is its editing performed in a masterly manner, but it is, as regards typographical execution and elegance of style, worthy of the highest praise.

As we turn over this volume and meet with the sweet old ballads of "Syr Cauline," "The Childe of Elle," and others endeared by memory and the recollection of their early influence, we feel as if we should lay the pen aside, and respect them as we would subjects which awaken those inner feelings which no one cares to throw open to the world. Yes—there is in these simple old ballads a well of poesy which can only be felt and never described. They are the best literary inheritance which we have derived from the olden time—they are born of that spirit which gave us Chaucer, and they sparkle through Shakespeare like starry points of light through the early glories of the dawn, or like fairy isles in the crimson sea of sunset. In a word, we heartily thank the publisher for giving to America the, as yet, best edition of one of England's best books.—*Evening Bulletin*.

To praise the literary character of "*Percy's Reliques*," would be an attempt to "gild refined gold;" but for the magnificent form in which the publisher has presented the work, a noble—nay, *Royal* octavo of near 600 pages, in the best style of typography, we can but return him the thanks of the public, and especially the scholastic portion thereof. For ourself, personally, he could scarcely have done us a greater favour than by laying us under a contribution of gratitude for this sterling volume. Our library was evidently imperfect, as must be any one, without the "*Reliques of Ancient English Poetry*," that never-failing fountain for the poet, the historian, and the antiquary. A valuable portion, peculiar to this edition, is the copious "*Addenda*," furnished with much research and skill by the editor, whose enterprise in producing these sterling additions to our poetic literature, we have been called upon more than once most heartily to commend.—*Am. Courier*.

We would that we could imbue the reader with the satisfaction which we have felt in turning over the leaves of this fine edition of a book, the merits of which have been long confessed by every elegant scholar. This collection contains "the well of English undefiled," the spring of poetic fervor, the first rude but pure gushings of the early Anglo-Saxon muse. The quaintness and simplicity of the ballads

collected by Bishop Percy were rendered strangely interesting by the legendary lore which they contained. The metrical narrative has been in every country the first form in which the genius of poesy sought utterance and attempted those flights which exercise and improving taste afterwards rendered easy. The Minstrel was everywhere a welcome guest, and in an age when intelligence was mostly conveyed orally, and when methods of communication and interchange of thought were few, his coming was not without reason a topic of interest and excitement. He could sing of the achievements of foreign knights in outlandish countries beyond the seas. He could describe and praise the feats of bold crusaders among the Paynim foe, and many a wild tale of home heroes, who excelled in the foray, shone at the tournament, or maintained human rights in the merry green wood, were his to describe in times of rude eloquence and lyric enthusiasm. His harp was everywhere his shield, and at the sound of his voice the fiercest warriors became gentle, their imaginations being led away by some tender ditty of love, or their resolves heightened in stern but silent admiration of the description of some story of deeds of high enterprise. It is not lightly, therefore, that we, who claim to be polished, to whom the clouds vouchsafe intelligence, and for whom the ever-clanking press sheds materials for information and thought—it is not lightly that we, greatly blessed with the aids of science and the achievements of mind, should disregard the reliques of the times when society was rude and man was a creature in whom physical attributes kept down intellectual. The history of ages gone by are impressive and useful lessons, and are contained in the ballad poetry of the good old times. Those metrical romances were the very marrow of the life of those for whom they were composed, and whom they held captive by their magic power for many hundred years. Bishop Percy, in collecting these poetic remains, did a service which his contemporaries freely admitted, and which those who follow will not gainsay. The book is, of itself, valuable, and its merit will readily be admitted by all who have a taste for scholarship.

—*Sunday Dispatch.*

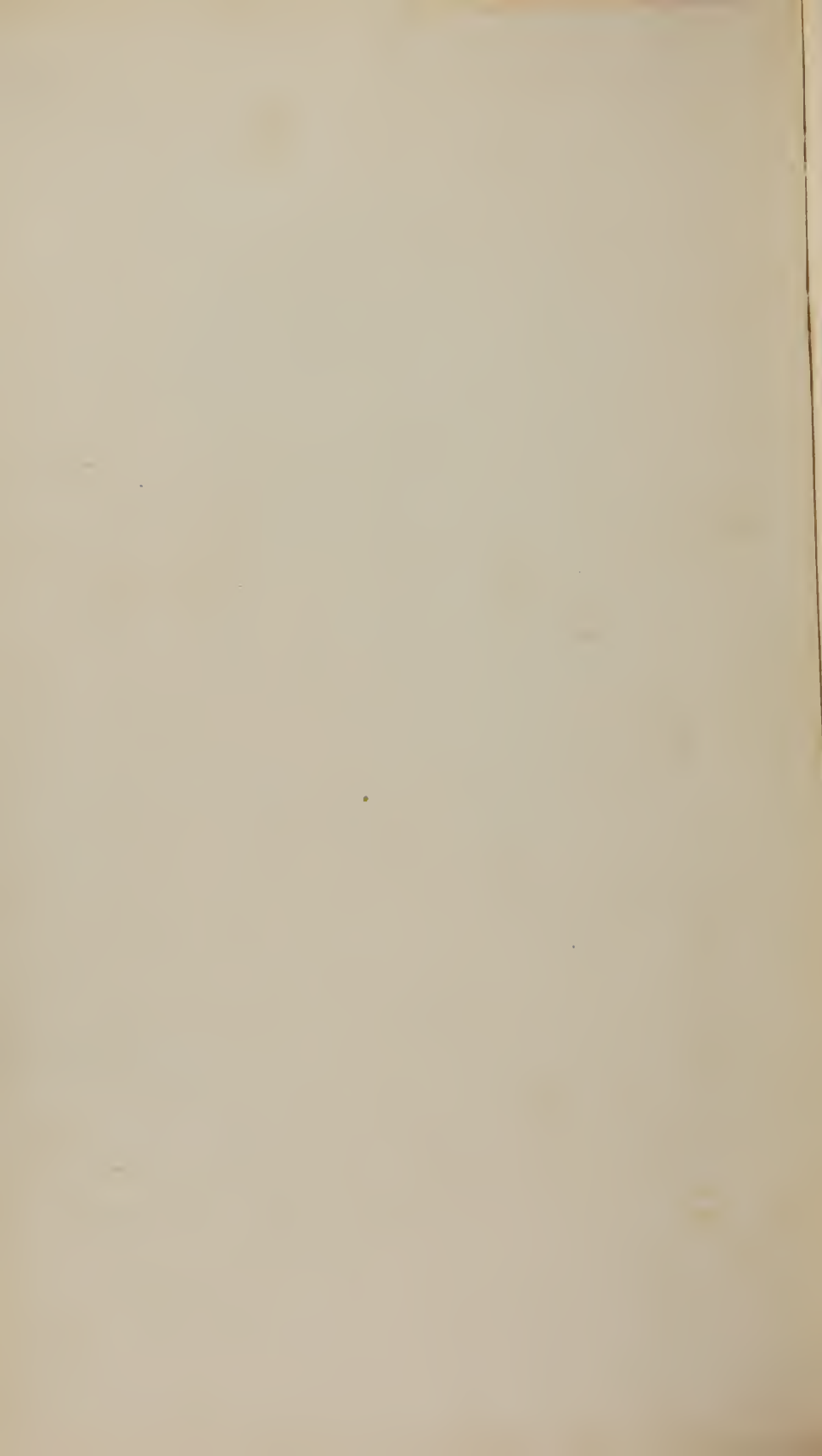
“*Percy's Reliques.*” This is, unquestionably, the most rare and curious collection of old ballads in the English language, and although they are rude, uncouth, and many of them coarse, yet are eminently worthy of preservation, as characteristic of a by-gone age. Nearly two hundred songs, poems, and metrical productions are here given. A large portion of these ballads were extracted from an ancient manuscript in the possession of Dr. Percy, and were originally published at the urgent solicitation of Dr. Johnson and Mr. Shenstone. “Our ancient English bards and minstrels,” says Dr. Percy, “were an

order of men once greatly respected by our ancestors, and contributed to soften the roughness of a martial and unlettered people by their songs and by their music. Many of the best plays in the language have their story told in these rude ballads, composed centuries since. We have here the ancient and more modern ballads of Chevy Chase, Robin Hood, John Anderson my Jo, The Beggar's Daughter of Bednal Green, The Braes of Yarrow, The Children in the Wood, Robin Good Fellow, The Fairy Queen, The Birth of St. George, St. George and the Dragon, George Barnwell, Robin Hood's Death and Burial, Lord Soulis, The Life and Death of Tom Thumb, Life and Death of Richard the Third, &c., &c.

There are seventeen ballads in this volume that illustrate Shakspeare. The modern ballads introduced relieve somewhat the tediousness of the longer narratives. Dr. Percy says: "In a polished age like the present, many of these reliques will require great allowances made for them, yet have they for the most part a pleasing simplicity, and many artless graces, which in the opinion of no mean critics (Addison, Dryden, and the witty Lord Dorset) have been thought to compensate for the want of higher beauties, and, if they do not dazzle the imagination, are frequently found to interest the heart." The volume has two steel plates, "The Grave of Robin Hood," and "Lord Soulis." The work should have a place in every library of any pretension.—*Boston Transcript*.

Reliques of Ancient English Poetry. We suppose that the mere announcement of a new edition of "Percy's Reliques" will be sufficient to fix the attention of all English scholars and lovers of old English verse. The work is a famous one—it has long been out of print, in the three volume edition. The American publisher has put it into one royal octavo of 557 beautifully printed pages, got up in very tasteful style. In every respect the issue is worthy the quality of its contents. To those who have never seen "Percy's Reliques," or even heard of it (and in the rising generations there must be many such, having taste, intelligence, and education), we would say that it is a collection of the finest old ballads, songs, and versified tales in the language, that it is the standard work on its subjects, and that it embraces much of the interesting and the beautiful, as well as of the queer and curious. All the celebrated old pieces one reads of are to be found in the "Reliques," from Chevy Chase to Sir Lancelot, The Jew's Daughter, Robin Hood, The Not-Brown Mayd, Barbara Allen, and any quantity of more modern productions of note. In fact, the book is one of the most attractive compilations of poetry ever issued, irrespective of the value of its notes, essays, and glossary.—*Boston Post*.





A
SYNOPSIS
OF THE
SYMPTOMS, DIAGNOSIS AND TREATMENT
OF THE MORE COMMON AND IMPORTANT
DISEASES OF THE SKIN.

WITH
SIXTY COLORED FIGURES.

BY N. WORCESTER, M. D.,

PROFESSOR OF PHYSICAL DIAGNOSIS AND GENERAL PATHOLOGY, IN THE
MEDICAL SCHOOL OF CLEVELAND, LATE PROFESSOR
IN THE MEDICAL COLLEGE OF OHIO.

PHILADELPHIA:
THOMAS COWPERTHWAIT & CO.
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P R E F A C E .

A CONCISE and accurate treatise, in our language, upon Cutaneous Diseases, illustrated by well executed plates, that can be afforded at such a price as to be within the reach of all, has been needed for a long time. The design of this Synopsis, was to supply this want; and if the Author has succeeded in giving a correct description of the more common forms of these affections, illustrated by well executed plates, with the most appropriate treatment, his object has been attained.

Utility and not originality has been his design; he has drawn information from every source within his reach, and it is hoped that he has proved in this compendium that he has studied with some care, the works of Willan, Bateman, Alibert, Cazenave & Schedel, Plumbe, Thompson, Rayer, Wilson, Gibert, Erichsen, Ricord, Baumes, &c. The figures have been selected from Willan & Bateman, Thompson, Rayer, Alibert, Wilson, Erichsen, Cazenave and Ricord; and it is believed they will be found well executed. No one has taught this much neglected branch of Medicine, that has not felt the want of such a treatise as this is intended to be; and it is the hope of the Author that it may be found to supply this deficiency.

At first it was my intention to treat of the Eruptive Fevers in this Synopsis; I was deterred from doing so by the consideration, that the eruption in these affections is only a symptom of the general disease, that a minute account of them is contained in most of the treatises on Theory and Practice of Medicine, and that the principles of diagnosis were comparatively well understood.

Cincinnati, November, 1844.

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INTRODUCTION.

WHEN we consider the variety and importance of cutaneous diseases, it is difficult to explain the neglect with which they are treated by practical physicians generally. They can scarcely be said to form a part of the professional education of students, in the annual courses of medical lectures in this country; it is believed that in many of our medical institutions not a single lecture is given upon the nature, classification, and treatment of this interesting class of diseases. It would have been expected that affections exposed to the sight, of very frequent occurrence, very distressing in their symptoms, capable of a very simple, beautiful and perfect classification, having in this regard, the advantage over any other class of diseases to which our species is exposed, would have engaged the earnest attention of every practical physician. When we add to this, that the diagnosis of these affections is not usually difficult, and the treatment when properly directed is very satisfactory, and that most of these

diseases, when neglected or improperly treated, have a tendency to become unmanageable and rebellious under any subsequent mode of treatment; that morbid changes take place in such cases in the skin and sub-cutaneous tissues which last for life, and by the unappeasable irritation the remainder of life is often rendered a burden, the indifference of our profession is extraordinary. The result has been that these numerous diseases have become an opprobrium to our profession, and a fruitful source of emolument to designing empiricism.

HISTORY OF CUTANEOUS DISEASES.—The design of the present work will not allow us to trace far the accounts of these affections contained in the writings of the older physicians. It is difficult at the present day to determine the nature of most of the cutaneous diseases mentioned in the works of the Greek and Latin authors. The concise and vague descriptions and the terms used which probably often designated a state of the skin arising from long continuance of several different cutaneous diseases, and not the disease itself, the alterations that have taken place in the pathology and appearance of eruptions modified by changes of habits, climate, food &c. during ages, the introduction of many new affections and the probable elimination of others, render all attempts to designate with any degree of confidence the real nature of the disease intended by many of the terms handed down to us, very unsatisfactory.

Still we are indebted to the ancients for many of the names of diseases that are in common use at the present time, as Impetigo, Lepra, Psora, Scabies, &c. They are now used however to designate diseases very different from their original application. It is generally conceded that cutaneous affections are more numerous now than with the ancients; their more abstemious diet, and their frequent bathings will in part account for the fact.

We in vain attempt to apply the description of some ancient diseases, as that of the Jewish leprosy, to any known at the present time; we know that some eruptions, as Sycosis, have undergone considerable changes, even within the few last centuries; that the whole class of eruptive fevers have made their appearance within a comparatively recent date; that there is some doubt whether syphilis, with all its consequences and its modifications of other affections, can be traced back six centuries, and that there is good reason for believing that its character has undergone great changes even within that time. Now in view of all these considerations, it is not to be wondered at that many of the descriptions to be found in the works of antiquity, cannot now be recognised. Scarcely half a century has elapsed since the publication of Willan's work; and yet, notwithstanding his wonderful accuracy and precision, some difficulty has existed in ascertaining the precise disease intended in the descriptions of some of his varieties; and had it not been for his beautiful and accurate delineations, and for

the subsequent labors of his friend and pupil, Bateman, much more would have existed.

CLASSIFICATION.—A great variety of plans for classifying cutaneous diseases has been proposed by different authors. Some have attempted to classify them by their locality, as those of the head, face, limbs, &c.; others from their causes; this was one of the earliest attempts at classification, and with some modifications has been revived by Plumbe in his excellent work, and still more recently by Baumes in his elaborate 'Dermatologie,' though with great alterations.

The mode of classification adopted very generally by Physicians, not only in England but upon the continent of Europe, is that of Willan, with such modifications as have necessarily arisen from subsequent investigations, and such slight changes as the fancy or judgment of authors has suggested. Willan adopted for the basis of his arrangement the elementary characteristic form of the eruption as far as it can be discovered at its full development; he classified all cutaneous diseases according to this plan, in eight different orders, viz:

EXANTHEMATA or RASHES, as Rubeola, Urticaria, &c.

VESICULÆ, as Herpes, Eczema, Scabies, &c.

BULLÆ, as Pemphigus and Rupia.

PUSTULÆ, as Impetigo, Acne, Mentagra, &c.

PALULÆ, as Lichen, Prurigo.

SQUAMÆ, as Lepra, Psoriasis, Pityriasis, &c.

TUBERCULÆ, as Elephantiasis, Molluscum, &c.

MACULÆ, as Purpura, Ephelis, Nævi, &c.

Of the other numerous attempts to classify these diseases, two only will be here mentioned, that of Alibert the distinguished French Professor, and that of Mr. Erasmus Wilson, of London. Alibert's first plan of classification was somewhat similar to that of Turner already mentioned, by the regions of the body; in his subsequent work all the diseases of the skin are collected in one large group, under the name of Dermatoses, which is divided into twelve small groups. Alibert constructed his celebrated tree, 'ARBRE DES DERMATOSES,' upon which these groups are represented as branches, and these again were divided and subdivided till they became twigs, each representing a variety of cutaneous disease.

This system of classification was claimed by its author to be the "*natural*" system, and though very imposing, is of no practical utility, and has long since been regarded as a curiosity merely. It confounds all the natural distinctions of these diseases, unites those having no apparent or real analogy in groups, and creates great confusion by changing the entire nomenclature.

In the very elaborate treatise of Wilson, he has attempted to arrange the diseases of the skin according to their physiological and anatomical characters; this he terms a "Natural System of Diseases of the skin." "The basis of the natural system of classification rests upon Anatomy and Physiology, and herein lies its strength, its simplicity, its easy application and its truth. The dermis and its appendages, its glands and follicles,

are considered to be the seat of all the changes which characterize cutaneous pathology." He makes four primary divisions, viz:

1. Diseases of the Dermis.
2. Diseases of the Sudoriparous Glands.
3. Diseases of the Sebaceous Glands.
4. Diseases of the Hair and Hair Follicles.

There is no doubt that this system is really a more scientific arrangement than that of Willan, and by the physician who is already acquainted with the pathology and character of the diseases of the skin it would be preferred. At the same time that this is confessed, there is no comparison between the difficulty of making a diagnosis, for one unacquainted with the whole subject, by this system and that of Willan. One great design in every classification is to enable the student to ascertain most readily the name, nature, prognosis and treatment of a given disease, and there is no doubt that this can be done in one half the time by the Willanean system, opprobriously styled by the authors of other arrangements, the "*artificial system*," than by any of the more strictly scientific systems. As before said, to one acquainted with the whole subject, undoubtedly some system like that of Wilson would be preferred, but it is believed that a so much greater amount of study and attention would be required to acquire a knowledge of "Dermatoses" by this system than by the old method, that it never can come into general use.

Mr. Plumbe, some years since in his original and very practical work, attempted a new system of classi-

fication; "the basis of this arrangement was founded on the constitutional causes of disease, and due consideration of the organic structure and physiology of the part of the skin on which it was seated." The system was very ingenious, and more scientific than that of Willan, but has not superseded it, and never can, for the same reason that the Natural System of Wilson cannot.

It cannot be denied that there are several very strong objections to the Willanean arrangement. It places in different orders diseases nearly allied in their nature and treatment; it groups together affections entirely distinct in their pathology, prognosis and treatment; the same disease may, during its course, run through many different orders; be at one stage exanthematic, then vesicular, then pustular, and at last squamous: it may be at first a rash, then a papule, pustule, and at last a tubercle. Notwithstanding these and many other defects, this system is the most simple, its orders are very distinct, they are few in number, and they afford great facilities for detecting and classifying a disease. With some slight modifications, it has been adopted by the most distinguished dermatologists of Europe, and will probably long continue to be the most popular, because the most useful arrangement.

Several corrections have been made in the location of diseases since the time of Willan; Bielt, and his pupils Cazenave and Schedel, have made some additions to the number of orders, and have thus rendered the system more philosophical; most of the

orders thus added contain only a single disease and that one commonly of rare occurrence, so that for a treatise like the present, intended as a manual for the more common diseases only, the original system will answer all purposes.

The great utility of the Willancan arrangement consists in the wonderful facility it affords in detecting the different diseases; and this is no mean praise. There are still many cases in which the diagnosis is difficult. Many diseases at first very different in their appearance and character, at last degenerate into a morbid condition of the skin common to a great variety of affections; these diseases frequently belong originally to different orders; one may be a vesicular, and the other a papular eruption, and yet there are stages of Eczema and Lichen when the diagnosis, especially to one not thoroughly acquainted with the whole subject, is difficult or impossible. In a great number of instances the correct decision in such a case can be readily made by inquiring whether the disease at the commencement was a dry or moist eruption; this can usually be ascertained and then diagnosis is easy. For the purposes of facilitating the diagnosis in such cases, and they are numerous, it has occurred to the author that much assistance could be derived by dividing the orders into two groups or divisions, the dry and the moist, so that when called upon to decide in any given case by asking the question in regard to the elementary form, whether it were dry or moist, nearly one half the

number of diseases from which the decision is to be made, are removed at once; for some time I have been in the habit of making this inquiry in every case where there could be any hesitation, and unless I am much deceived, have derived great assistance from it in diagnosis. The group for moist diseases would include three orders, and the other group the remaining five; and they would stand thus:

FIRST GROUP.

SECOND GROUP.

VESICULÆ.

Eczema.

Herpes.

Scabies.

Miliaria.

BULLÆ.

Pemphigus.

Rupia.

PUSTULÆ.

Ecthyma.

Impetigo.

Acne.

Mentagra.

EXANTHEMATA.

Erythema.

Roseola.

Urticaria.

PAPULÆ.

Lichen.

Prurigo.

SQUAMÆ.

Lepra.

Psoriasis.

Pityriasis.

Ichthyosis.

TUBERCULÆ.

Elephantiasis.

Molluscum.

Frambesia.

MACULÆ.

Ephelis.

Naevi.

Albinismus.

Vitiligo.

I am aware that there are objections to this arrangement. That some diseases at first dry, afterwards become moist, as Acne, Sycosis, &c., and are classed with the latter. The same impropriety exists in regarding them as pustular diseases at all; they, in their various stages, pass through more than one order, and eventually become tubercular, and yet no one hesitates in considering them as pustular diseases. There is usually little difficulty in making a correct diagnosis in these cases; there are numerous cases, however, where real difficulty exists in distinguishing diseases that belong to different groups, and to aid in their diagnosis is the design of this division.

DIAGNOSIS.—If the same attention be paid to the principles of classification, and rules for diagnosis in cutaneous diseases, that is paid to distinguish other affections, and those often of far less importance, it will be found that a correct diagnosis is more readily made here than in any other class of diseases. For obvious reasons no other class of affections will admit of so complete and perfect an examination, and in no other class is an error in diagnosis so inexcusable. Complications of one eruption with another, often increase the difficulty, but instances of internal diseases complicating each other are more numerous, and much more difficult to ascertain. The general directions for making a diagnosis may be reduced to three simple rules.

1st. Ascertain whether the eruption was originally dry or moist.

2nd. Examine with great care the eruption, and in a great majority of cases some examples of the elementary form of the eruption, as the papule, vesicle, or pustule may be found either in the neighborhood of the part principally affected, or in some more recent eruptions. Almost all cutaneous diseases are successive in their appearance, which is often of great assistance in the diagnosis.

3rd. Where you cannot satisfy yourself by a careful examination, as to the elementary form of the eruption, after having ascertained the group to which it belongs, try to learn from the patient or friends the appearance of the disease at first, as whether the vesicles were from the very first filled with a clear, limpid, or with an opaque and yellow fluid; whether the pimples were at first distinct, small, hard, and conical, or were flattened, soft, conglomerated, &c., &c.

In most cases by observing these three general rules, not only the group, but the order to which the disease in question belongs, can be ascertained; beyond this the differential diagnosis of the different diseases belonging to the same order, is commonly not difficult and often of no great practical importance.

PROGNOSIS.—It is the united testimony of those who have had the most to do with this class of diseases, and who are the best qualified to judge, that if taken in season and judiciously treated, the treatment of no other class is more satisfactory. Too much is often required from the physician. After pulmonary tubercles

have proceeded to ulceration, Pneumonia to hepatization, inflammation of the eye to disorganization, a complete cure is not expected; if the tuberculization can be arrested, if tolerable health be restored with the functional loss of one lung, or the inflammation stopped so that one eye is uninjured, the patient is satisfied. So after any of the inflammatory cutaneous diseases have been allowed to run on till the whole texture of the skin is altered, the delicate parts, of which it is made up, as vessels, ducts, nerves, glands &c., become disorganized and unable to perform their healthy function, by long continued disease, neglect, and injudicious medication, it is unreasonable to expect perfect restoration. The power that nature possesses to adapt itself to suit exigences is proverbial, but it has limits; and when for years the system has been accustomed to a habitual discharge or secretion, it might be expected that any rude attempt to arrest it suddenly, would be followed by effects similar to those produced by interfering with any of the natural secretions; and such is found to be the case. When we consider how delicate and complicated is our whole machinery, how nicely balanced are all its operations, how accurately adapted to each other are all its various parts, we cannot but wonder at the surprising power there exists for self-regulation; how after severe injury or destruction of an important part it has the means of adapting itself to the emergency, so that new frictions are overcome, due compensation made and additional labour performed. When also we consider our very imperfect knowledge of the whole subject and

our very rude attempts to regulate this machinery when it has become deranged, often too from some unknown cause, we shall cease to wonder at our frequent want of success.

CAUSES.—While we are able generally to state many circumstances which are found upon extended observation to increase the number of cutaneous eruptions, we are frequently unable in an individual case to point out the proximate cause of the affection. An attempt has been made in this manual, often very unsatisfactory to be sure, to give the more frequent causes of each disease after its description; a few remarks as to the general causes might not be out of place here.

Willan attributed the frequency of cutaneous diseases in England, to the want of public baths and proper attention to cleanliness; and these causes operate with still greater force in the United States; and of all the prolific causes of cutaneous disease this is unquestionably the most important in this country.

Several cutaneous diseases are distinctly hereditary in their character: this is more common in the group of dry diseases, though not confined to them.

A few cutaneous eruptions are distinctly contagious, though in most instances where a number of cases of the same disease occur in the same family, we are not to attribute it so much to contagion, as to the same causes affecting all the members of the same family. It is not unusual to find several members of a family

simultaneously or successively attacked by other diseases as Pneumonia, Diarrhœa, &c. where we have no suspicion of any contagion.

Food has a great influence in exciting eruptions of the skin. The almost universal testimony of physicians shows that the use of the flesh of swine has this effect. Fish is believed to have a similar effect. Crude and indigestible or highly seasoned food, the stimulating drinks, articles of food partially decayed, the use of fat, melted butter, gravies, &c., intemperance in the quantity of even wholesome food, are among the more frequent causes of cutaneous disease. Certain seasons of the year have a decided effect; some eruptions being worse in the warm season and others in the cold; and some of them are periodical in their return.

The effect of violent passions, of long continued grief, despair, anxiety, &c. is well established as conducing to the development of this class of affections. The well authenticated cases recorded by authors arising from this cause are very numerous; and the effects of mental depression and physical suffering combined, in the poor and destitute, are too manifest to require notice.

Instances in which some affection of the skin is excited by an article of diet which is wholesome to most individuals are very numerous; and indeed it is usually by this class of diseases that such idiosyncracies are manifested.

The natural texture of the skin, the occupation of the individual, his age, temperament, &c. have also

a great influence in modifying these affections. But we shall probably never be able to understand why the same causes, in circumstances similar, should in one produce Eczema, in another Lepra and in another Prurigo. And notwithstanding the causes of these diseases that are now enumerated by authors are so numerous and varied that they embrace the condition of almost every individual, yet we not unfrequently meet with severe cases of cutaneous disease where it requires great ingenuity to discover any cause satisfactory to ourselves or to the patient.

TREATMENT.—Let the pathological nature of the cutaneous diseases be carefully studied and remedies applied as experience and reason would dictate in similar diseases of other organs, and much less complaint will be heard of their obstinacy; but frequently no attempt is made to adapt the treatment to the character or stage of the disease, and consequently we ought not to wonder at the result; it is often directed by a physician incapable of giving the pathology of a single eruption; whose whole vocabulary of cutaneous diseases is confined to some four or five vulgar unmeaning names, as “Salt Rheum,” “Tetter,” and possibly “Herpetic Eruption;” whose whole medical ammunition for their cure consists of some half dozen remedies, administered externally and internally according to some whim or fancied specific power, as Cream of Tartar, Sarsaparilla, internally to “purify the blood;” Arsenic, Sulphur, Corrosive Sublimate prescribed inter-

nally as "alterants," and externally as "stimulants;" and some irritating substances made into washes, or still worse, mixed with more irritating rancid lard, under the form of salves and ointments, intended to be applied externally "to dry up the humor."

The great reason that the treatment of cutaneous diseases has generally been attended with so little success, is that we prescribe for them too empirically, and do not pay sufficient attention either to the pathology or to the stage of the eruption. The same general principles should govern us here, as in the treatment of all other diseases; a great proportion of cutaneous eruptions are at first inflammatory; in this stage, common sense would direct general depletion by blood letting and cathartics, and local soothing, applications as cataplasms, water dressings, &c., to allay the local excitement; in short a strict, antiphlogistic course, both in medicine and regimen, should be directed. When the acute stage has passed by, the course should then be changed, and in some cases the treatment can now be beneficially reversed, and tonics or even stimilents, both general and local, be substituted for depletion.

From want of due appreciation of this principle as applied to this class of diseases, it is believed that sometimes diseases, which would have run their course and disappeared, are maintained by injudicious treatment till they have become intractable under any treatment. The antiphlogistic treatment at first very proper may be continued till the powers of the system are so reduced that the '*Vis Medicatrix Naturæ*' is unable

to accomplish what it would have easily done had there been no interference; the soothing and relaxing local applications may be continued till the affected skin has lost the tone, its texture changed, and its recuperative power destroyed.

Another principle, always to be kept in view in the treatment of cutaneous diseases, is the sort of vicarious part which they frequently seem to perform. Any attempt to suppress an obstinate cutaneous eruption by means of local remedies alone, is seldom successful, and often dangerous. This principle seems formerly to have been better understood and more fully appreciated than at present. When the Humoral Pathology was in vogue, and the doctrine of the peccant humours was acknowledged, physicians were at no loss to explain the principle of this alternation of internal and external inflammation; since this doctrine has become unfashionable, the facts upon which it was grounded seem to have been lost sight of; and yet explain it as we may, no facts in medicine are better established. Nothing is more common than to see examples of it; let the eruption suddenly disappear in Rubeola and Scarlatina and every nurse is aware of the danger; so in the moist diseases of childhood, especially when connected with dentition, if the eruption spontaneously disappear or dry up, or "be driven in" by local astringents, there is great danger that its place may be supplied by some inflammation upon the mucous or serous membranes; and to relieve these last no remedies are so useful as local irritants to "bring out" the original eruption.

Nor is it in childhood alone that we see instances of the vicarious character of cutaneous diseases; in adult life, and especially in old age, we see instances where any attempt to cure some long continued discharge, or some irritating dry eruption, is followed by severe constitutional symptoms. In all such cases we should proceed cautiously; the general health should be attended to, and often general remedies directed for some time, before any active local treatment should be attempted.

All practical physicians, who have had experience in the treatment of these affections, agree in the paramount importance of cleanliness: this is particularly essential in the treatment of those eruptions that belong to the first group; in many cases indeed it is found that by attention to this alone, the affection can be cured.

From the great number of cutaneous diseases that occasionally arise from improper food, it would be expected, that attention to diet would have much influence in the treatment of these affections. This is the fact; but from the great effect of a scanty and innutritious diet in producing eruptions upon the skin, we should not be led to prescribe prolonged abstinence from nutritious food, as a remedy for all cutaneous diseases. Indeed, in large cities it is found, that a generous diet is all that is required, to cure some of the worst forms of disease occurring in the poor and destitute. A mild unstimulating abstemious diet in the acute stage, followed by a more generous

allowance, as the activity of the symptoms abate, is found to be the general rule, in the treatment of all these diseases. Some articles of food, experience has proved, are particularly to be guarded against; as the use of pork, of all salted meats, all articles of a fatty or oily nature, most articles containing the nutritious elements in a very concentrated form, &c., though to this last there are exceptions; in some cases a diet, consisting of a large amount of sugar, has been very efficacious in correcting a depraved and cachectic state of the system. As a general rule also, it is important to abstain from all the heating condiments and spices, from alcoholic drinks; and nothing in Hygiene is of greater importance, than frequent baths to cleanse and invigorate the skin.

GENERAL REMEDIES.—It is unnecessary to go through the various classes of the *Materia Medica*, to show the application of each to the diseases in question; the same principles obtain as in the treatment of other diseases. There are some classes and articles which experience has proved to be peculiarly useful, to which it may be well to allude. Purgatives in the active stage of the eruption, and laxatives afterwards are almost always resorted to; but it is upon tonics that the chief reliance is placed in the treatment of protracted eruptions. Of these none are of so early or general application, as the bitter infusions and the mineral acids; in many cases these follow very closely upon the use of depletion with signal benefit; and not

unfrequently the exhibition of the saline cathartics in bitter infusion, or with a few drops of one of the mineral acids, seems to increase their efficacy.

Of all the tonics, no one at the present day, enjoys the reputation that arsenic has acquired in the treatment of chronic cutaneous diseases. Its *Modus Operandi* is but very imperfectly understood, but it seems to be an active stimulant to the nerves, skin, and mucous membrane of the alimentary canal. Its use is contradicted in all cases where there is any tendency to mucous irritation of the stomach and intestines, where there is an undue energy in the action of the heart, upon which it has a great influence, and in the active and inflammatory stage of any eruption, which it would aggravate. Erichsen says that little benefit can be hoped from its use in any case, till after the eruption has become squamous; and that before this stage, there is danger of exasperating an Eczema, Lichen, &c. In most cutaneous diseases where it acts beneficially, there is some evidence of increased local irritation in the eruption, evinced by redness, heat, itching, &c. before it disappears. The form in which it is usually given, is in the Asiatic Pill, in Fowler's & Pearson's Solution, or lately in the triple compound of Iodine, Mercury and Arsenic, under the name of Donovan's Solution.

Much difference exists in the opinion of practical men, in regard to the dose necessary to secure its best effects. In 1812, Dr. J. R. Coxe of Philadelphia, reported a case of a lady affected with a most obstinate

Lepra of long standing, who was cured by the use of fifty drops of the Mineral Solution taken at a dose, three times a day, for thirty months; and what was remarkable in her case was, that as the eruption was about disappearing, the patient was unable to bear more than five drops of the Solution, three times a day, without tumefaction of the face, nausea, loss of appetite, &c. It is generally conceded now, however, that such doses are not necessary in the treatment of cutaneous diseases, and as Arsenic is an accumulative medicine they are unsafe, and that it is rarely required to carry the remedy, beyond twelve or fifteen drops daily, and then in divided doses.

Remedies more purely stimulent are, in the more chronic stages of eruptions, often useful. Of these none are as efficacious as the Tinc. of Cantharides and the Corrosive Sublimate. They are to be used with caution in the same cases and stages in which arsenic is found useful, and are very happily alternated with it in the treatment.

A solution of the Corrosive Sublimate in some bitter decoction, as the "Lisbon diet drink," has often proved very efficacious in the treatment of chronic cutaneous eruptions. Sulphur taken internally either in substance, or combined, as in some of the mineral waters, has a stimulant effect on the skin, and, in chronic cases, is a safe and sometimes very useful remedy. It is frequently given in two large doses; when it acts as a cathartic, it has little effect upon the skin.

Within a few years much has been said of the

efficacy of two new chemical preparations in cutaneous diseases. They are Anthrakokali and Fuligokali. Their mode of preparation and directions for their use will be found in the Formulary. It is difficult to ascertain, how much efficacy they may possess, in the cure of cutaneous diseases; considerable confidence is placed in them by some who have tried them; while others have found them inert.

Little need be said here of the local applications. In the active and inflammatory state leeching and sedatives are indicated: in the more chronic stages, more stimulating applications succeed better. Of the soothing remedies, no one is more important than some variety of the general or local warm bath; and of the stimulating applications; no one is so generally useful as some of the sulphur baths.

The importance of these baths can be inferred, from the fact related by Green, that out of sixty-two patients whom he saw prescribed for by Baron Alibert one morning, fifty-five were ordered one of these baths; and that in 1835, upwards of 180,000 of these baths were administered at the Hospital of St. Louis alone, in Paris. The particular cases to which they are applicable will be given in the treatment of the several diseases. As a general rule, the sulphur vapour baths are only found useful in protracted cases, where the eruption has become squamous in its appearance, or in the same stage in which Erichsen recommends the exhibition of arsenic.

GROUP 1st.

ORDER 1st.—VESICULÆ.

THIS order is characterized by small elevations of the epidermis filled with a fluid at first clear, transparent and serous, which usually become opaque and sero-purulent; the eruption terminating in the formation of scales or crusts. The fluid contained in the vesicle may be absorbed, or it may escape and be effused upon the skin.

There are five diseases belonging to this order viz: ECZEMA, MILIARIA, HERPES, SCABIES and VARICELLA; any account of the last of which, does not come within the design of the present treatise.

ECZEMA.

SYN.—*Humid Tetter; Dartre Squammeuse of Alibert; Epidemic Itch; Crusta Lactea; Dartre Vive; &c.*

Eczema is a cutaneous eruption characterized by numerous small agglomerated vesicles, filled at first with clear, transparent serum, which by degrees usually

becomes opake, milky, and sero-purulent, and is either absorbed and evaporates, or it bursts the cuticle, dries, and leaves a scale or crust.

There have been many distinct general varieties of Eczema, which however may be reduced to three, viz: Eczema Simplex, Rubrum and Impitiginodes. The last two varieties are very liable to become chronic. Besides these general varieties, very many local varieties have been enumerated and described by authors, which also for practical purposes may all be reduced to three, viz: Eczema Capitis, Eczema Faciei, comprising E. Occulorum and E. Aurium; and Eczema Genitalis, comprising E. Pubis, E. Scroti, E. Pudendalis and E. Perinei.

ECZEMA SIMPLEX.

SYN.—*Eczema Solare; Sun Heat; Prickley Heat.*

This variety is characterized by the eruption of numerous, agglomerated, shining vesicles, without any red areola about them, with no appreciable inflammation of the skin, and with no constitutional disturbance. The serum of the vesicle, at first transparent, gradually becomes milky and opake, and is usually absorbed, leaving a very small, thin scale of Epidermis, not followed usually by sensible desquamation; sometimes on the spot where the vesicle was, will be found a small ring of Epidermis, the centre having been detached, leaving only its circumference. This

is the sole evidence of the vesicles; these rings are frequently found on the hand.

This variety of Eczema is usually slow in its course, and commonly not accompanied by any abrasion of the surface, or any exudation, and lasts by successive eruptions for many weeks; sometimes confined to a single part, as upon the hands, arms, upon and especially between the fingers &c., or it may be nearly general. It is more common with those with delicate skin, as women and children. It is sometimes accompanied by a troublesome pruritus.

ECZEMA RUBRUM.

In this variety the vesicles are surrounded by a distinct red areola, the skin is inflamed, slightly rough and swollen, the redness continues after the vesicles have disappeared, attended with a sense of tension, heat and itching. In the course of a week the inflammation subsides, the serosity is absorbed if the vesicles have not been broken, and a slight desquamation takes place. Frequently, instead of this favorable termination, the inflammation continues and increases, vesicles are successively developed which break and pour out a copious, irritating and excoriating fluid; this dries, forming extensive, thin, yellowish or greenish crusts, which frequently fall off to be as often renewed, leaving an inflamed surface, sometimes slightly ulcerated.

This variety may be cured after some weeks, by the

serosity gradually diminishing, and the inflammation subsiding, leaving the skin thin, shining and red or sometimes dry and harsh; improvement in this disease always takes place from the circumference to the centre.

Sudden and inexplicable relapses take place in the cure of this disease, especially where the causes which produced it at first, cannot be detected and removed; often when the patient flatters himself that he is almost well, he will unexpectedly be taken worse, the disease will run through the same course again, and becoming chronic, be protracted for years. Sometimes also when cured upon one part of the body, it will break out on another, and occasionally the patient will sink exhausted from the irritation, loss of sleep etc., kept up by these renewed attacks.

ECZEMA IMPETIGINODES.

Here the inflammation is still more severe, the swelling greater, the sense of tension, heat, uneasiness and itching are more troublesome. It may commence in the preceding variety, or at the very onset, the eruption may put on the more severe characteristics of this form. The fluid, contained in the numerous crowded or confluent vesicles, is at first a little opake, or at least becomes so immediately after its appearance, and the vesicles very soon break and pour out this acrid ichorous, sero-purulent matter on the skin, which increases the irritation and inflammation, and instead of drying into thin scales as in the other varieties

of Eczema, forms thick, laminated, irregular, yellowish, greenish or grey incrustations, often very extensive. Sometimes with these crusts will be found real pustules; the disease thus partaking of the nature of both the vesicular and pustular eruption. When the crusts fall off, the surface beneath is found inflamed and raw, which throws out a more or less copious sero-sanguinolent discharge mixed with lymph, which in its turn dries and forms scabs, to go through the same course as the last. This state of things may continue indefinitely, the disease becoming chronic; the scabs at each successive crop may become less abundant, the exhalation of the fluid less copious, the vesicular eruption less extensive the swelling, inflammation and itching subside, and the skin gradually resume its healthy appearance and color. Under the most favorable circumstances this variety continues several weeks, and it is always liable to become chronic and obstinate.

This variety of Eczema is sometimes partial, confined to a very small space, and at other times it is very extensive and almost general, with constitutional symptoms corresponding in their severity with the extent of the eruption, so that in severe cases, it is accompanied by accelerated pulse, fever and vitiated secretions, very similar to the Eruptive Fevers. Often all the varieties of Eczema may be distinguished in a case of E. Impetiginodes; at first the Simplex, then the Rubrum, and as the vesicles become opaque and confluent, they form the thick laminated crust of E. Impetiginodes, with here and there a true pustule of Impetigo. In very severe cases of this

variety, the skin becomes thick, rough and inflamed, so that deep cracks take place, especially over the bend of the joints, greatly increasing the pain and distress. The disease is sometimes followed by a general furfuraceous desquamation with shedding of the hair, and in some rare cases, the nails also are lost, where the hands have been the seat of the disease. Sometimes after the eruption of vesicles has ceased, the skin, especially if the lower extremities have been affected, is for a long time thin, red, glistening and very delicate, covered with a fine desquamation; in such cases it would be very difficult to make a correct diagnosis of the disease, were it not, that almost always in the neighborhood of the diseased patch, there can be found specimens of the elementary form of the eruption. This state of the skin however is unusual except where the disease has been protracted and chronic.

CHRONIC ECZEMA.

Either of the two last varieties of Eczema is very liable to be protracted; relapses may occur, and by successive eruptions the disease may be maintained for months and years; in such cases the skin is affected, it becomes thick, inflamed and rough, and seems incapable of recovering its healthy state. Crusts fall off only to be speedily renewed; when exposed, the raw inflamed skin pours out a profuse exhalation

of sero-purolent lymph, deep fissures take place in the skin, especially over the joints, and blood escapes blackening the crust; the quantity of this acrid discharge is so great, that by coming in contact extensively with the skin and inflaming it, it greatly extends the disease, and neutralizes all attempts at cure. The itching in some cases is intolerable, far worse than in the other varieties of Eczema, when the surface of the skin alone is affected. After an indefinite time, and often after the failure of the best directed therapeutical means, the inflammation abates, the exhalation is less abundant, the scabs are thinner and not so extensive, or so rapid in their formation, all the severe symptoms subside; the skin when first healed is red and delicate, but gradually assumes its natural appearance, thickness and color, though covered with a desquamation so nearly resembling a squamous disease, as to be with great difficulty distinguished from it, except by the history of the case.

Though Eczema, especially in its chronic form, may attack any part of the skin, yet it is found to be most frequent and obstinate upon those parts supplied with numerous follicles, as the head, axilla, pubis, &c., giving rise to the several local varieties; but there is no propriety in describing every local attack of Eczema as a distinct variety, having an Eczema of the face, ears, eyes, mamma, &c., though the disease may be strictly local, and confined to one of these situations.

ECZEMA CAPITIS.

SYN.—*Salt Rheum; Scald Head; Porrigo; Tinea; Milk Crust, &c.*

This variety is the most frequent of all, and often attacks children at the breast and during dentition; when once contracted, if great care be not taken, and in some cases notwithstanding the greatest attention, it will become chronic, affecting a part or whole of the scalp; sometimes, when protracted, it extends to the hair follicles, and produces Alopecia, which in some cases is permanent, though rarely so. When obstinate, the skin is inflamed and thickened, fissures take place, the blood from which, as well as from the wounds of the little patient's nails, mixes with the exhalation and blackens the scab. The glands of the neck are often inflamed, and in some cases subcutaneous abscesses occur.

The disease is very rebellious, at times resisting all means directed for its cure, and lasting till after the period of dentition. It does not seem often to seriously affect the health, such children often suffering less than others from infantile diseases.

ECZEMA FACIEI.

This variety is often a consequent upon the preceding; from which it does not differ in any very essential

particular. It, however, is rarely so obstinate as *E. Capitis*, and were it not that when it extends to the ears and eyes it is a more serious complaint, and therefore requires great attention, it would hardly be requisite to make a distinct variety of it. As in the last variety, the cervical glands swell and sometimes suppurate, especially those behind the ears, and the skin is liable to undergo the same changes as in the previous varieties. When it extends to the eye, *E. Oculorum*, it is almost always very rebellious and troublesome, often persisting for months, and even years, after it has disappeared elsewhere. The follicles of the eye lashes are affected, and the lashes fall out; and the eyes are weak and inflamed for a long time. When it extends to the ear, *E. Aurium*, it sometimes penetrates into the meatus, causing swelling, tension, and frequently excruciating pain, terminating in small abscesses. But the most troublesome local form of the disease is,

ECZEMA GENITALIS.

When Eczema attacks the pubis, penis, scrotum, labia or perineum the pruritus, smarting and irritation are most distressing. In males, when it attacks the genital organs, the same thickening and cracking of the skin takes place as in other parts of the body, and it is chiefly to be dreaded on account of its pruritus, obstinacy, and tendency to return when once cured. But when it attacks the genital organs in

females, it is one of the most distressing diseases from which they suffer. It often extends to the mucous membrane of the vagina, to the perineum and inside of the thighs. The irritation, pruritus and smarting in these cases, are most aggravating, exciting vitiated and acrid discharges from the vagina, which irritating still more, cause deep fissures in the inflamed and thickened skin of the perineum, and at last excite Nymphomania with all its distressing consequences.

CAUSES.

Eczema is more common in children and females than in adults and males, more common in spring and summer than in cold weather. It is at times symptomatic of intestinal, or uterine mucous irritation, occurring in females with amenorrhea, dysmenorrhea and at the change of life. Besides these general and other inappreciable causes,—local irritants, as irritating plasters, handling sugar and pulverised irritating substances, as lime, spices, &c., (*Grocer's Itch*,)—several cutaneous eruptions, as Lichen, Scabies, &c.,—and especially the remedies used in curing these diseases, as sulphur, mercury, &c.,—may be enumerated as among the most common causes of Eczema. The direct action of the sun upon a delicate skin will also at times excite the eruption, (*Eczema Solare*.) And though it is said to be non-contagious, yet there is reason to believe that it has been at times communicated by

contact, especially Eczema Genitalis. Instances have also been known where nurses have contracted the disease from a child affected with it, and a child from a nurse.

DIAGNOSIS.

From the great variety of appearance presented by the disease in its different stages, and from its being often complicated with other cutaneous diseases, the diagnosis of Eczema is often difficult, and can only be accomplished by the greatest attention to the history of the case, and by ascertaining the elementary form of the disease; many times when this cannot be ascertained by an examination of the present state of the eruption, the elementary form may be detected in the immediate vicinity of the seat of the disease. The means of distinguishing Eczema from Scabies will be given when upon the diagnosis of the latter disease. Eczema Impetiginodes can only be distinguished from Impetigo, by carefully examining the primitive vesicles of the one, filled at first with serum, and the pustules of the other, which never in any stage contain a clear, transparent fluid; also the thick, rough, greenish incrustations of Impetigo, and the straw-coloured, or dun, laminated scabs of Eczema, will assist in the diagnosis; the patches of Impetigo are less extensive than those of Eczema, and the latter disease never leaves a scar, except where the skin has been torn by the nails.

To distinguish Chronic Eczema from Lichen Agrius is often difficult, both having deep fissures, thickened skin, with an acrid sero-purulent exudation, followed by the formation of scales. The history of the case will here afford great assistance, the two diseases belonging to different groups, the one at its appearance being a dry, the other through its whole course, a moist eruption; besides, the scales in Lichen are thicker, and when removed, instead of the smooth, glistening, inflamed skin of Eczema, we perceive the papular elementary form, and very distinct roughness or harshness to the touch, with more considerable thickening of the skin; usually, upon very close examination, the elementary form of the eruption can be detected, sometimes by the touch, when it cannot by the eye.

Towards the close of the disease, when the scales are thin, and little more than desquamation remains, the serous exudation having ceased, Eczema may be confounded with Psoriasis. The history of the eruption will enable us to determine to which division or group it originally belonged; and usually in Eczema, by careful inspection, here and there a vesicle can be found. The mode of distinguishing Eczema Capitis from Favus will be given hereafter.

PROGNOSIS.

The prognosis in Eczema, as far as the life of the patient is concerned, is almost always favorable, and it is also favorable for a cure, in acute Eczema, but in the chronic form, it sometimes for years resists all the attempts we may make for a radical cure, and often when upon the very point of eradicating the disease wholly, as we hope, it suddenly breaks out afresh, with renewed violence. We are often thus disappointed in our expectations for months and even years.

TREATMENT.

The general treatment of Eczema must vary much to suit the stage and severity of the eruption, and the habit and age of the patient. In the first stage of the eruption, and in a young, healthy patient of good constitution, a strict anti-phlogistic treatment is required, as general and local bleeding, purgatives and abstemious diet, with diluent and cooling drinks. When the cause of the eruption can be ascertained, it should be removed. After the inflammatory stage has passed, or in an aged or debilitated patient, a different treatment is required. Here the milder tonics, laxatives, and alterants, with a more generous, but mild, unstimulating diet must be used. As tonics, any of the bitter infusions, with a few drops of one of the mineral acids, may be tried ; Sarsaparilla, Dulcamara, Humulus,

Cascarilla, Columbo and Cinchona, have all their advocates. Besides, there is a host of other tonics that have been recommended.

In very obstinate cases, especially when it has run on to the scaly stage, the internal use of Arsenic, Tinc. of Cantharides, or Corrosive Sublimate, persevered in for a considerable time, has often succeeded.

It is not by general means alone, however, that we usually hope to cure Eczema; local applications are still more important, and to be successful, these also should be carefully adapted to the stage of the eruption, and to the condition of the patient. In the inflammatory stage of the disease, they should be mild and soothing, as water dressings, emolient poultices, mucilaginous washes and anodynes. When this stage has gone by, more stimulant and astringent applications are required. So copious is the list of these applications, and so various the reports of their effect, that it is difficult to select the best. Dr. Thompson is very partial to the use of the Hydrocyanic Acid. A variety of stimulating preparations, as ointments and washes are mentioned in the Formulary. Perhaps no one succeeds oftener than the Citrine Ointment, diluted as is necessary, to suit the individual case. The great variety, and different nature of remedies that are occasionally successful in the treatment of Eczema, even in cases, as far as can be ascertained, similar in their stage, degree of inflammation, and in the age and condition of the patient, show the difficulty of adapting the remedy to individual cases.

The troublesome pruritus that sometimes accompanies this eruption is often relieved by alkaline or acidulated washes, or with washes or ointments containing some sedative or narcotic, as Hydrocyanic Acid, Opium, Stramonium or Hyosciamus. General bathing is often of great service: the water may be simple, or medicated with mucilage, some alkali, acid, tonic, common salt, astringent, or with Sulphuretted Hydrogen, according to the stage of the disease, and the condition of the patient. In very chronic cases, sea-bathing has been very effectual; so has the sulphur vapour bath; this last, however, should be tried only after pretty active depletion, and usually not oftener than once in three or four days.

Of late, much has been said of the efficacy of Anthrakokali and Fuligokali in the treatment of Eczema, and other similar diseases of the skin. They are recommended to be used internally and externally; as is the case with new remedies, the reports of the success from their use are very contradictory, and it is still difficult to reconcile the statements made by those who have tried them; the amount of evidence seems to be in their favor. When any ointment is used, great care is required in its preparation, and also in its application; if it is allowed to become rancid, it is irritating and aggravates the disease.

Eczema Capitis is one of the most frequent and obstinate forms of the disease. In this variety, the hair should be cut short, and the scabs removed by the application of alkaline washes and fomentations;

after this has been done, some of the stimulating, tonic or astringent washes and ointments, should be directed. An ointment made of the Nitrate of Silver is one of the best; others prefer an ointment containing Sulphate of Zinc, or Copper, or Iron, or the Ioduret of Sulphur, or the Corrosive Sublimate. They can be used in solution, if a wash be preferred. Hydrocyanic Acid has been highly recommended as a local application in this variety.

In the treatment of all the moist diseases of the skin, too great attention cannot be paid to cleanliness; this alone will do all that is required in many cases, and it is essential in the treatment of all. When ointments are used, the parts should be gently but faithfully washed twice daily.

It should be remembered that several cutaneous diseases seem to be in a measure vicarious of some other disease; this is particularly the case in Eczema; and in some cases, especially towards either extreme of life, it is not always safe to apply local remedies to suppress the eruption suddenly. During dentition many intelligent practical physicians decline interfering at all; and in all cases it is prudent to precede any active local applications by general treatment.

SUDAMINA.

SYN.—*Miliaria* ; *Febris Miliaris* ; *Purpura Alba* ; *Hydroa* ; *Hydroa-Suetta Miliare* ; *Miliary Eruption* ; *Miliary Vesicles* ; *Papula Sudoris*.

Sudamina are small, distinct, isolated vesicles of a round form, and as large as the head of a pin, suddenly appearing upon the skin. This eruption has been supposed to accompany only profuse perspiration, and some have stated that it was caused by the closure of the mouths of the perspiratory tubes. It occasionally accompanies a great variety of diseases, especially the first stage of Rubeola, Scarlatina, Variola; it is also very often found in Rheumatism, Typhoid Fever, and inflammation of the gastro-intestinal mucous membrane. It is more commonly seen in females and those of a delicate skin, and often appears in the puerpural state. It is not so frequent an eruption now as formerly, when the heating regimen was in vogue for the treatment of these diseases. It is usually accompanied by no peculiar general symptoms, by little or no itching or irritation. The vesicle, at first transparent, then milky and opaque, dries up, and is succeeded by a scale.

Eczema is the only disease with which Sudamina can be confounded; in Eczema the vesicles are crowded and often confluent, accompanied with heat, inflammation, itching, &c., while in Sudamina

the vesicles are distinct, though numerous and uninflamed. The locality of the two eruptions is different; Sudamina are most frequently found upon the chest, abdomen and neck, where Eczema is rarely found; again Sudamina are rarely seen except with some inflammatory disease, in this also differing from Eczema.

Sudamina do not render the prognosis more grave, nor do they require any treatment distinct from that of the disease which they accompany.

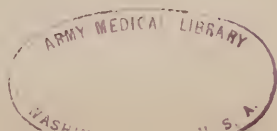
HERPES.

SYN.—*Tetter*; *Dartre*; *Olophlyctide* of Alibert.

Herpes is a non-contagious disease of the skin, usually acute in its character, characterized by the appearance of vesicles of various size, from a pin's head to that of a pea, grouped upon a circumscribed, inflamed base. These vesicles are at first transparent, but soon become opaque and milky; they either break and pour out their contents upon the skin, which drying together with the cuticle, form thin, yellowish or brownish crusts, or they wither away without rupture followed by thin scales; the skin intervening between these clusters of inflamed vesicles is perfectly healthy; when these crusts fall off, the surface is inflamed or slightly ulcerated, and new crusts are formed, and the disease proceeds thus, till the inflammation gradually subsiding, scales only succeed, as in desquamation. The constitutional symptoms are light, and the whole disease usually is accompanied by little or no fever, or acceleration of the pulse, and commonly terminates in from ten to twenty days.

The vesicles sometimes are very large formed from the confluence of several smaller ones. The disease is prolonged by the eruption of successive groups, though being essentially an acute disease, it seldom lasts more than a month or six weeks at farthest.

There are usually described four general varieties



of Herpes, viz. Herpes Circinnatus, Herpes Zoster, Herpes Iris, and Herpes Phlyctænodes. These varieties depend upon the form and arrangement of the vesicles and groups. Besides these general varieties, there have been numerous local varieties described by authors which, however, may be reduced to three, viz: Labialis, Præputialis and Pudendalis.

HERPES CIRCINNATUS.—*Ring Worm.*

In this variety the vesicles are small, hard, round and tense, arranged in a circular form upon an inflamed base, while the centre of the ring is usually healthy. It runs its course in one or two weeks, and then desquamation in fine scales takes place; often successive eruptions of vesicles occur protracting the disease. At times the vesicles are very small, and the progress of the eruption very slow, so that for a considerable time the only evidence of the disease, is an inflamed circle, with fine desquamation. Its vesicular character may however be frequently discovered, by squeezing a small portion of the inflamed ring between the thumb nails, when the serosity will be expressed.

This is the least important of all the general varieties of Herpes; it is usually accompanied by no other symptom, than a little itching or smarting sensation. The serum at first clear, soon, as in other vesicles, becomes turbid and opaque, and though when the inflamed

rings are very small, vesicles shrivel by absorption, and the scales of the detached epidermis are the sole remains of the eruption; yet generally the cuticle of the tense vesicle bursts, and the contents escape upon the skin and dry into thin crusts. This eruption usually shows itself upon the face and neck, though no part of the body is exempt from an attack.

HERPES IRIS.—*Rainbow Ringworm.*

In very rare cases, about a group of vesicles is an areola, made up of several Erythematous rings of different hues, forming a variety denominated by Bateman on this account Herpes Iris. These rings are either three or four in number, and are themselves, sometimes, the seat of some vesicles. It is an unimportant, transient but curious affection, unaccompanied by any constitutional symptoms; after a week or two the serum in the vesicle is absorbed, and there is a slight desquamation. Its most frequent localities are the face, neck, and back of the hands, and rarely the fingers of delicate females; and it is usually limited to a few patches, though at times said to be almost general upon the body.

HERPES ZOSTER.—*Shingles.*

This is the most severe form of Herpes, and is characterized by inflamed, irregularly rounded patches

commonly of a bright red color, of various sizes, numerous, entirely distinct from each other, though often very nearly approximated, with the intervening skin healthy. The eruption generally commences at the same time both anteriorly and posteriorly upon the median line, the anterior patch being usually the inferior, and approach each other by the eruption of successive patches, till they meet, forming a girdle around half the body. The Thorax is the most common seat of the disease, but observers differ very much in their experience, in regard to the comparative frequency of the affection upon the two sides; some who have had extensive experience stating it as high as nine cases out of ten on one side, and others with equal opportunities, putting it as high as three out of four on the other side. Sometimes the disease instead of commencing at two points, as mentioned above, commences at some intermediate point, and travels both ways, till it reaches the median line.

The eruption at first is simply a very red patch, which early becomes covered with glistening, white globular, hard vesicles, which increase in size till they are equal to a split pea; those patches that are first to appear, are commonly covered with the largest vesicles. The serum contained in these vesicles is at first clear, but soon becomes milky and purulent, and in some cases brown or even black, often interspersed, here and there, with a true pustule. In three or four days after the appearance of the vesicles, they begin to

shrivel; the serum in the smaller ones being absorbed, and the cuticle in the others being broken, allows the fluid to escape and dry upon the skin in thin, yellow, brown, or almost black scales, which, in a few days more, fall off, leaving the skin red and inflamed; sometimes when the vesicles burst, they leave troublesome excoriation and ulcers, which are obstinate and painful, and when healed, leave behind them cicatrices; these unpleasant consequences rarely occur, except in debilitated constitutions, and even then are usually owing to pressure upon the inflamed part from lying, and are, on this account, more common upon the back, than on any other part of the body.

The disease seems most frequently to take the direction of the nerves of the part attacked. Thus when on the body it is downwards and forwards, and when it attacks the limbs, its course is longitudinal. There are exceptions however to this direction; it sometimes forms a **Zone** about a limb, or a half **Zone** about the head, face or neck. It is difficult to account for the popular prejudice so general, that where **Herpes Zoster** surrounds the whole body, that it is fatal; it is not founded upon experience. It probably never attacks both sides of the body at once, and instances of this when they seem to occur, should be referred to the next variety, **Herpes Phlyctænodes**.

Notwithstanding the assertions of the older physicians, and the apprehensions of the vulgar, **Herpes Zoster** is a slight and unimportant disease; it is sometimes

preceded, often accompanied, and almost always followed by a severe neuralgic pain, in and beneath the part affected; the cause of this pain is very obscure; it often persists for weeks and even months after every other symptom of the disease has disappeared. Herpes Zoster is often preceded and accompanied by some constitutional disturbance, as fever, irregular chills, furred tongue, accelerated pulse, vitiated secretions, &c., and in old persons, and in broken down constitutions, sometimes terminates in gangrene, especially in parts exposed to pressure. The causes of this affection are not known; it attacks both sexes, though more common with males; all ages, though more common with the young and plethoric; the season also seems to have some influence, it being more common in summer and autumn, than in winter and spring. Some people seem peculiarly exposed to this disease, and in such, it sometimes seems almost periodical, occurring every summer or autumn.

HERPES PHLYCTÆNODES.

While all the other varieties of Herpes are distinguished by the peculiar form the patch of vesicles assumes, or the locality attacked, this variety is remarkable for having no particular form or locality; it appears on every part of the body, though more commonly upon the superior part, and is very irregular as to its form and size. It is not usually attended by any distinct constitutional symptoms, though occasionally

preceded, for a day or two, by some anorexia, fever, thirst, pain in the back and limbs, &c. The part of the surface attacked by this eruption is the seat of an itching sensation, heat, smarting, &c., and, upon examination, a patch is found varying in size, upon which are found small, red points, seeming almost papular; in a few hours the redness becomes uniform, and the next day small, isolated, globular, transparent, hard vesicles, are visible, which increase in size, till they equal a split pea, and in some cases a sixpence; however, most of these vesicles remain minute, and some require a lens to be seen. When once established, the eruption pursues the same course as in other varieties; the serum becomes turbid and purulent, dries and usually, though not always, forms crusts which fall off in a week or two, leaving the skin discoloured; this stain will remain for weeks and months; some of the larger vesicles, however, often are the seat of slight excoriations, upon which, after the first crust falls off, another is formed, protracting the cure.

There is a pain, accompanying and following this variety, similar to that of Herpes Zoster, though commonly not so severe, and requires the same treatment. There may be one or two of these inflamed vesicular patches, or there may be many; they may be confined to a limb or part, or they may be disseminated over the whole surface; they may be simultaneous in their appearance, or they may be successive; they may be small, not exceeding an inch in diameter, or they may be many inches; they may be distant from each other,

or they may be approximated, the intervening skin being always healthy. The disease may appear by itself, though very often associated with other varieties, as *H. Circinnatus*. Its duration is from one to three weeks, though patients are exposed to subsequent attacks, especially in the following spring or autumn; it is almost always an acute disease, and even when the eruption is successive, is rarely protracted beyond a month.

DIAGNOSIS OF HERPES.

The diagnosis of Herpes is not often difficult, yet it is occasionally confounded with Pemphigus, Erysipelas, Scabies, and Eczema; still the hard, globular vesicles, grouped together upon an inflamed base, few in number and isolated, the patches always distinct with the intervening skin always healthy, should ordinarily distinguish Herpes from all other eruptions.

In Erysipelas, the deeper and more extensive inflammation, the progressive march, mode of development and course, are enough to distinguish it from Herpes. Sometimes small blisters occur upon the inflamed surface in Erysipelas; they always, however, take the form of blebs and not of vesicles.

The bullæ of Pemphigus are to be distinguished by their size, and the rapidity of their development, which requires only a day or two; they are scattered, irregular and distinct, running their whole course in two or

three days, from the small, hard, globular vesicles of Herpes, grouped upon an inflamed base, requiring a week or two to run its course.

To distinguish Herpes from Eczema in all cases is more difficult, but by carefully remarking the following characters, the diagnosis can be made. In Herpes, the vesicles are commonly larger, harder, more globular, and more distinct and permanent, lasting from four to six days, commencing minute and gradually increasing; the whole disease, however, is acute, and rarely lasts more than a month, even when protracted by successive eruptions; in Eczema, on the contrary, the vesicles spring up suddenly, are smaller than in Herpes, but are of nearly their full size at first, seldom lasting more than three or four days, and the disease is protracted indefinitely, not only by a succession of the elementary eruption, but by excoriation and exudation.

Scabies may be distinguished from Herpes by its acuminate distinct vesicles, its protracted course, its peculiar characteristic pruritus, its contagious nature, its locality at first almost always affecting the wrist, space between the fingers, and palmar surface of the arm, and especially by the cuniculus or sulcus of the *Acarus*, which, when found, is of course pathognomonic of this affection. In Herpes the vesicles are larger, globular, grouped, not confined to places where the skin is delicate, and it is not contagious, running its course in a few days, and ends in desquamation or falling off of the crusts.

The diagnosis of the different varieties of Herpes is

not difficult, being distinguishable from each other by the form and arrangement of the patches. Herpes Iris and Circinnatus are distinguished from the other varieties by their circular form, and from each other by the characteristic rings of the former, and the want of the central healthy patch of skin. Herpes Zoster generally affects the thorax, is confined to one side, made up of successive patches which are arranged in a line, and the vesicles are larger, and the pain and constitutional symptoms are more marked than in Herpes Phlyctænodes, which last is also characterized by the irregular form, locality and arrangement of its patches.

Herpes Circinnatus and Erythema Circinnatum are distinguishable from each other, by their belonging to different groups; the moist character of the former is proved by expressing the serum between the thumb nails from the obscure vesicles.

The thin, light crusts of Herpes, the elementary vesicular form, its short duration, render the confounding this disease with Favus with its thick, friable scabs, its chronic course, unnecessary; the latter disease also attacks the follicles and destroys the hair. It is not a simple, superficial inflammation of the skin.

CAUSES.

Herpes is usually an affection of youth and females with delicate skin, and is often connected with mucous irritation of the lungs, bowels, &c. It is also excited

by exposure to cold, by long protracted depressing emotions, &c., while in many cases its cause cannot be discovered. Herpes Zoster is said by some authors to be more frequent with males than females, but this is denied by others; at all events, it more frequently seems connected with a vitiated state of the digestive organs than the other varieties, excepting perhaps, Herpes Phlyctænodes.

PROGNOSIS.

The Prognosis in Herpes depends very much upon the age and constitution of the patients. In young and healthy subjects it is an acute affection, requiring little or no treatment, and always terminating favourably; with the old, worn out and dissipated, the prospect is far worse; the inflammation tending to gangrene, unhealthy ulcerations, &c., which render the prognosis much more grave.

TREATMENT.

In most cases, little treatment is required in Herpes. Where the constitution is debilitated, and the patient is aged, tonics and alterants should be given internally, and some soothing but slightly astringent washes used externally. In the young and vigorous, a moderately anti-phlogistic course will shorten the duration of the

disease; generally, however, in such cases, the disease runs its course if unmolested, in two or three weeks. In Herpes Zoster, purgatives and alterants, followed by tonics, are all that is required.

To allay the smarting and itching, which are sometimes very troublesome, emollient poultices, water dressings, alkaline, mucilaginous, or narcotic washes are required. Cool, diluent drinks, light diet with laxatives, will assist.

Where the disease, by successive eruptions, becomes chronic, Fowler's Solution, or the Corrosive Sublimate, or the Tinc. of Cantharides, will often correct this disposition.

LOCAL VARIETIES OF HERPES.

HERPES LABIALIS.

Here the eruption of vesicles appears upon the lips, often at the junction of the mucous membrane with the skin, often upon the mucous membrane alone, and sometimes confined to the skin. It commences in an itching, burning, tense sensation, with heat, redness, and usually some swelling, and in the course of from four to twelve hours, vesicles make their appearance, either singly or a number in groups, and the eruption may be confined to a single vesicle, or the whole lip may be covered by them.

These vesicles are globular and increase in size till they are equal to a small split pea; when there are

a number of vesicles in a group, as is usually the case where the skin is the seat of the eruption, they often coalesce and form one or two large vesicles or bullæ. The contents of these vesicles are at first clear, transparent, slightly saline to the taste, but soon become turbid and milky; the cuticle bursts usually in the course of a day or two, and the fluid escapes, dries, and forms a thin crust, which, if undisturbed, remains for a week or so and then falls off leaving the surface beneath healthy; if, however, it be prematurely disturbed, another thicker scab forms upon the inflamed and bleeding surface, which is more persistent.

The most common causes of *Herpes Labialis* are irritating applications, exposure to wind and cold while the lips are moistened by the tongue, and catarrh. Exposure to the sun, while the lips are moistened by saliva, often induces it; it also often occurs at the commencement or termination of fever, especially the intermittent, and sometimes seems critical; it also accompanies inflammation of the mucous membrane, especially that of the nose, mouth, or lungs. It is a slight affection and requires no treatment, still if the vesicles be carefully punctured with a needle, and the lip be washed with some cold astringent lotion, as Sol. of Alum, Sulph. of Copper, Nit. of Silver, or Sulph. of Zinc, considerable annoyance can be prevented; if, upon its first appearance, the surface be carefully protected from moisture, it will seldom prove troublesome.

The junction of the mucous membrane, with the skin at the nose, ears, eyes, and in rare cases at

the anus, is the seat of a herpetic eruption, which does not differ essentially from Herpes Labialis, excepting in its seat; it has been denominated from its locality, Herpes Palpebrarum, H. Nasi, H. Aurium, H. Ani, &c., as the case may be; it is never a severe affection.

HERPES PRÆPUTIALIS.

When Herpes attacks the junction of the mucous membrane and the skin upon the prepuce, it usually runs through the same course as when on the lips; it may be confined entirely to the skin, or to the mucous membrane, or it may attack both; when the mucous membrane is affected it is a much more troublesome matter, from the greater inflammation and greater tendency to excoriations. Herpes Præputialis not unfrequently takes on a chronic form, and is then very obstinate and rebellious; the cellular tissue in such cases inflames and becomes indurated and contracted, and in hardening forms a ring about the free border of the prepuce, with excoriations, fissures, &c. In such cases circumcision is the best remedy.

Herpes Præputialis is excited in a constitution predisposed to such eruption by friction of the dress, by want of cleanliness, impure connection, irritating discharges, &c.

HERPES PUDENDALIS.

When Herpes attacks the vulva, it is called Pudendalis, but does not differ materially from the varieties already described, excepting in its locality, and disposition to prove obstinate and protracted by the irritating discharges from the vagina; great attention to cleanliness, and carefully protecting the inflamed surface from all irritation, are usually sufficient to effect a cure in both of these last varieties. The application of an astringent wash, especially a weak solution of Nit. of Silver, will often assist in the cure.

SCABIES.

SYN.—*Itch*; *Gale*; *Psora*.

This disease, originally placed by Willan in his order of pustular diseases, but now with more propriety considered vesicular, is characterized by small, distinct, acuminate, transparent vesicles, containing a viscous serum, appearing at first where the skin is fine and delicate between the fingers, subsequently upon the wrists, upon the flexor surface of the forearm, at the bend of the elbow, and eventually it may attack the whole body. It is eminently a contagious disease, and all the accounts of its prevailing epidemically, of its springing up spontaneously, and of the severe general symptoms arising from its sudden repression, are to be taken with great caution. It is now known to be caused by an *Acarus* which can always be found in genuine Scabies; and though this animal often occasions symptoms which do not disappear at its death, and the disease may thus continue long after its exciting cause has ceased to act, yet it is none the less true that the *Acarus* is the essential cause of the Itch. The form, size, and some of the habits of the animal have been ascertained, and his haunts discovered; he is found to be, when seen by the naked eye, a small white speck distinctly visible either upon the needle or upon the thumb nail; his motions also are readily discovered. When

examined with a microscope, he is found to be very active, looking like a turtle, with a head capable of being retracted within his shell, with eight legs, and with stiff hairs and spines so arranged as absolutely to prevent moving backwards, his only motion being forwards.

By examining the vesicles of Scabies with great care, unless the animal has been previously killed, there will be found here and there a vesicle, either between the fingers or upon the wrist, or arm, to which a line or handle has been added, from two lines to half an inch in length, at the extremity of which, at the greatest distance from the vesicles, the animal may always be found, and easily extracted by elevating the cuticle with a needle. The animal is never found in the vesicle, but from his inability to retreat, at the end of the sulcus. The vesicles, as far as is known at present; are primitively caused by the irritation from the *Acarus*, but are much more numerous than the animals are proved to be, and are produced in part perhaps, by the scratching, which it is impossible to repress. The eruption of vesicles may also be maintained for an indefinite time after the *Acarus* is dead, by the application of the irritating substances used for the cure of the disease; there being no doubt, that though the Scabies cannot be caused by sulphur, as asserted by Hahneman and his followers, that the eruption of vesicles may be kept up for a long time by the injudicious use of this specific. True pustules often occur during the progress of the

disease, as the result of the irritation from the animal, the scratching, and the remedies used to cure the disease; the diagnosis thus often being difficult.

When the disease is severe and of long standing, it is often difficult to discover the sulci, but by patience and perseverance several may generally be found, though it is not easy to explain in all cases the severity of the symptoms by the small number of Acari discovered, on the supposition that this animal is the sole and essential cause of the eruption; and it is not improbable that all its haunts have not been as yet discovered but it is often present where its presence cannot be demonstrated; and we must acknowledge that occasionally well marked cases of Scabies occur, that are proved to have been contracted from contagion, and capable of communicating the disease, that have all the other ordinary symptoms of Scabies, and yield to the approved mode of treatment, where no Acari can be found; such cases are even now rare, and when we are better acquainted with the habits of the animal, will occur still more seldom.

It has been proved that the disease can be communicated by placing the Acarus on the skin; and why it is that some individuals are not liable to contract the disease under any exposure, that physicians, and dressers in hospitals who take no precautions to prevent an attack, rarely suffer from this eruption, while with others it is contagious to a proverb, it is difficult to explain; like the essential cause of other contagious diseases, this animal seems at times very

fastidious in the choice of its victim; and a person may be exposed with impunity for a long time, who will at last contract the disease, without being able to discover in what manner.

The usual locality of scabies, is the space between the fingers; but in mechanics, and others where the skin is hard upon the hand, the eruption is more distinct upon the wrists and arms, especially at the bend of the elbow. The form of the vesicle varies also somewhat with its locality—that between the fingers being acuminate, that upon the arms being more globular, like herpes; where the irritation is great, pustules often appear, with abrasions of the skin from violent scratching. The pruritus attending this disease is intense and peculiar, and though scratching greatly increases the irritation, it affords great immediate relief, and is accounted by the patient as a great luxury. The irritation from itching is greatly aggravated by the use of stimulating food, heating condiments, and, at times, the warmth of the bed, renders it insupportable. The itching is also worse in the after-part of the day, and is more severe in a full plethoric habit, while the aged and debilitated suffer comparatively little.

CAUSES OF SCABIES.

The essential cause of Scabies, is the presence of the *Acarus*; still, the young and delicate, with lym-

phatic temperaments, are more exposed to it than the robust and plethoric—females more than males. Dissipation, want of cleanliness, and of proper food and clothing, also seem to predispose to it. It is often communicated by clothing being infected with the disease, and patients who have once suffered, are very liable to a return, if their clothes be not faithfully disinfected. Animals are said to be sometimes affected with this disease, and to communicate it to man; Gilbert asserts, that several persons at the Garden of Plants took it from a goat which was affected with it. At some seasons, it would seem that the disease was more readily communicated.

DIAGNOSIS.

The diagnosis, in most cases, is not difficult; the Sulcus, or Cuniculus, is found in no other cutaneous affection. When the disease attacks the space between the fingers, the vesicles are acuminate, and the apex transparent; scales are found on the affected skin, from the burrowing of the *Acarus*, and from the drying of the vesicles. Scabies is, with some difficulty, distinguished from Eczema; in the latter disease, the vesicles are round, confluent, upon an inflamed base, transient, choosing by preference those parts of the skin where the perspiration and hair follicles are most abundant; as the head, axilla, pubis, &c., they desiccate rapidly into crusts, are accompanied by a smarting

sensation, and are not contagious; while in Scabies, the vesicles are distinct upon the hands and arms, acuminated, transparent at the summit, contagious, accompanied by a pricking, itching sensation, relieved for the time by scratching.

From Prurigo, it is distinguished by being, from the commencement, a moist, and not dry, a vesicular, and not papular eruption, by being always at first where the skin is thin and delicate, by its contagiousness, not arising spontaneously, by the want of the small black characteristic scab of Prurigo, and by the peculiar itching of Scabies, which is relieved by scratching, while it is not in Prurigo.

Lichen and Scabies, though at times resembling each other, are essentially different; the one a dry and papular, the other a moist and vesicular eruption. Lichen attacks usually the extensor, Scabies the flexor surfaces; Lichen often attacking the back of the hand, never the interval between the fingers.

Ecthyma often complicates Scabies, but even then the diagnosis is not difficult; the vesicles, the locality: the peculiar itching, being usually sufficient to make it out.

And especially, in all doubtful cases of cutaneous disease, the cuniculus is to be sought with great care, and where it can be discovered, it removes all doubt.

TREATMENT.

The treatment of Scabies does not usually present much difficulty; Sulphur has been found so efficacious in this disease, that it seems to be the only article in the *Materia Medica* deserving the name of specific for any disease. It is said to act by being eliminated from the skin in the form of Sulphuretted Hydrogen, which gas is very poisonous to the *Acarus*, while the Sulphur itself is not. Gras, after numerous experiments, came to the following results: the *Acarus* can live in pure or salt water three hours; Goulard's solution killed it in one hour; in Olive, Almond, and Castor Oil, it lived more than two hours; in lime-water, three quarters of an hour; in Vinegar and Alcohol, twenty minutes; in a solution of Sulphuret of Potass, twelve minutes; in a strong solution of the Hydriodate of Potass, from four to six minutes; in a solution of Arsenous Acid, four minutes; in Sulphuric Acid, diluted with three parts of water, it died in three minutes; and in concentrated Acids and Alkalies, it died at once. It lived sixteen minutes in the vapour of burning Sulphur; and placed upon dry Sulphur at night, was found dead next day.

Notwithstanding the undoubted efficacy of Sulphur in the cure of Scabies, the use of it is strongly objected to by many patients; besides the constant generation of Sulphuretted Hydrogen, which many patients will not endure, it is to some skins very irritating, and

will maintain a troublesome eruption long after the Acarus is dead. The Sulphurous washes are efficacious, but not as speedily so as the Sulphur itself. Olive Oil will destroy the Acarus, and the addition of Camphor will much increase its efficacy. Many other articles have been found effectual in the treatment of this eruption; as Tobacco, Onions, Chloride of Soda, Cicuta, Hellebore, Sulphuric Acid, diluted with thirty or forty parts of water, the Nitrate of Silver, &c. &c.

Whatever mode of treatment may be generally preferred, it will be found necessary to modify it so as to adapt it to the different stages of the disease, and to the various conditions of the patient; the clothes should be disinfected, as they will communicate the disease again after it has been cured.

Dr. Herman Vezin, in his treatise upon Scabies, gives a minute account of his mode of treatment, which he has found eminently successful. The patient first takes a warm bath, with black soap, in a room of which the temperature is from 90 to 100 degrees of Fahrenheit; and he is provided then with a long woollen night gown, with sleeves, and is put into bed with two blankets; the temperature of the room is maintained at the same degree day and night; he remains here twelve hours in profuse perspiration. During this time, he is said to suffer much from the heat and itching, and fresh eruptions appear upon the skin. After this, he rubs himself over his whole body with the following ointment, near a warm stove:

R.	Pulv.	Subtiliss.	Sulphuris Depurat.	3j
	"	"	Radiciſ Hellebori Alb.	3ij
	"	"	Nitrat Potass.	grs. x
			Saponis Nigri.	3j
			Adipis Suillæ	3iij
			M. ft. Ung.	

The patient then wraps himself again in his gown, and lies down; in twelve hours he rubs himself in the same manner again, and after another interval of twelve hours he does the same. After twelve hours more have passed, he washes himself in warm water and black soap, as at first, and dresses himself in clean clothes. Thus, the whole process occupies only forty-eight hours. In 1364 cases, thus treated in the Hospital, it is stated that there were but three cases where the inunction required to be repeated. Four ounces of ointment were generally used in the three inunctions. No internal remedies were given and the patients were allowed their usual diet.

In private practice, patients would not submit to such a course of treatment; by less active treatment, a cure can usually be effected in about two weeks by using some of the ointments or washes containing Sulphur, Mercury, Camphor, &c., and by great attention, to prevent contracting the disease again from the clothes. Gras says he "has frequently found all the Acari dead after a single friction with the Sulphuro-Alkaline ointment;" but though the insects are dead, vesicles continue to appear for several days.

As a matter of precaution, some strong aromatic, or perfume, may be worn for a week or two to expel all the Acari from the dress.

ORDER 2nd.—BULLÆ.

THIS order of cutaneous diseases is characterized by the collection of a serous, sero-purulent, or sero-sanguineous fluid under the epidermis, differing from the vesiculæ only in size. The bullæ are generally of a circular form, varying in size from a split pea to an egg; and usually terminating in the formation of a crust or scab, which also varies much in thickness and shape.

This order comprises only two diseases, viz: *Pemphigus* and *Rupia*.

PEMPHIGUS.

SYN.—*Pompholyx*; *Febris Bullosa*; *Bullæ*, &c.

Pemphigus is a cutaneous eruption, characterized by blisters or blebs, which are generally of a round form, and vary in size from a split pea to an inch in diameter, and where several coalesce, they form one as large as half an orange. These blebs are filled with a serous or sero-purulent fluid, which, by the rupture of the epidermis, escapes and dries, and, with the broken cuticle, forms a thin scale of the size of the blebs;

this scale is followed by a slight ulceration, excoriation, or often by a stain only, which gradually disappears.

A number of varieties of Pemphigus have been described; but recent authors have with propriety reduced them to two, the Acute and the Chronic.

Pemphigus Acutus is a rare form of disease, and was not recognized by Willan or Bateman, though its occasional appearance is now proved by many observers; it is usually short in its duration, and may be confined to a single part, though it occasionally attacks the whole surface; those with delicate skins, as women and children, are most subject to it. The constitutional symptoms are frequently slight, and are sometimes not remarked; at other times they are more severe, the eruption being preceded for a day or two by chilliness, fever, thirst, anorexia, head-ache, pain in the chest, abdomen, back and limbs, quick pulse, cough, &c. The blebs may be distinct and distant from each other, or grouped and confluent; they may be numerous, scattered here and there over the body, especially upon the lower limbs, arms, face, &c., or a single one only may appear upon the body at once, preceded by considerable prickling, itching, or smarting; it is filled at first with a transparent, yellowish serum, which gradually becomes opake, and in the course of a day or two, the epidermis giving way, escapes and dries upon the surface. Another bleb makes its appearance in the vicinity of the first, runs through the same course, and is in its turn succeeded by another, and so on, till the disease is protracted for a week or two, constituting the *Pompholyx Solitarius*

of Willan. This course of the disease is very rare, and it usually terminates in a fortnight, though by the successive eruptions the disease may be protracted and become chronic.

The first appearance of Pemphigus is in the form of Erythematous patches, like *Erythema Nodosum*, which in a few hours, and often almost immediately, are in part, or wholly, covered by a bleb. Not unfrequently all the Erythematous patches do not become bullous, but in such cases slight friction with the hand, or even pressure upon the patch, with the finger, is usually sufficient to raise the blebs. Sometimes the whole patch is not covered by the bleb but the centre only; its size may then be increased by pressure or friction. The blebs are not usually surrounded by a very distinct inflamed areola, except where the centre only of the patch has filled. They differ in no respect in their appearance from those excited by vesicating plasters or heat. The skin, intervening between the blebs, is entirely healthy; sometimes however a part of the body, as a limb for example, is covered by numerous confluent blebs, which, after they have gone through the inflammatory state, and have dried into scales, might be mistaken for an Eczema or Impetigo, but for the large, thin scale of the bullous disease, distinguishing it from the thin, fine scale of the one, and the thick, granulated crusts of the other. The eruption is usually successive, and all stages may often be seen in the same individual, from the slight Erythematous patch, to the dry and almost detached crust.

The duration of the eruption varies considerably; when it is simultaneous, it usually disappears in a week; but when successive, it may be protracted through several. Experiments, made by Rayer and others, have proved that it is not a contagious disease, and that it cannot be communicated by inoculation.

CHRONIC PEMPHIGUS.

This is a much more common disease, and like the last, may be either partial or general. It is usually preceded by some general symptoms, as fever, thirst, irregular chills, pain in the head, back or limbs, &c. These symptoms, however, are scarcely noticed in many cases. It is a much more troublesome and painful affection than the last variety, and much less under the control of medicine. It is often complicated by inflammation of the mucous membrane, of the bowels, mouth, lungs, bladder, &c. The bullæ vary in size from a split pea to an egg in diameter. They may be distinct or confluent, distant or grouped, irregular, or arranged in circles or lines like Herpes.

The eruption often commences in Erythematous patches, as in the acute variety, while the succeeding blebs may be developed without being preceded by this redness. The Epidermis is raised from the skin, by serum being effused beneath it.

The blebs increase in size for a day or two, then break, and the contents escape, leaving inflamed surfaces, with

or without slight ulceration; or, if the patient be cautious not to disturb them, many of these blebs will, after a day or two, become turbid, while the epidermis, which imprisons the fluid, will become opaque, white, and wrinkled, and the contents evaporate and be absorbed, leaving behind only a thin brown crust, which falls off in four or five days. The disease is maintained by successive eruptions which run through the same course, so that it is not unfrequent to see, in the same individual, at the same time, every stage of the affection, from the Erythematous blush, to the dull livid stain left by the detached crust. When care has not been taken to preserve the epidermis from injury, but by friction of the dress or lying in bed, the epidermis is removed from one of these bullæ; the inflamed skin is very painful and sensitive, causing loss of sleep, fever, &c.; and, indeed, where the health of the patient seems strong and sound at first, the successive eruptions may irritate and exhaust his system, till severe constitutional symptoms supervene, and he may be worn out by the protracted disease. It is rare, however, that a patient is destroyed by Pemphigus alone, and it is principally from its complications that danger is to be apprehended. These complications are often severe and troublesome. When the face is attacked, the mouth rarely escapes severe and obstinate inflammation, though Cazanave has never seen true Pemphigus upon the mucous membranes; many observers, however, have been more fortunate; Alibert relates a remarkable case of a girl, where the blebs were found in the mouth, æso-

phagus, and throughout the whole extent of the intestinal canal. Its most severe complications are obstinate inflammations of these membranes: vaginal, vesical and bronchial irritation and inflammations are not rare, and the disease rarely proves fatal without involving the mucous membrane of the Alimentary tube; effusion of serum into some of the cavities, and fatty degeneration of the liver are found in those dying from this disease. It is often complicated also with other cutaneous diseases, especially with Prurigo, and sometimes with Herpes and Eczema. When associated with Prurigo, the itching is most annoying and greatly exasperates the affection.

CAUSES.

Pemphigus is not confined to either sex, though, perhaps, more frequent in females; though authors assert that Pemphigus is more common among males than females, Joseph Frank enumerates the female sex as one of its predisposing causes. It is common to all ages; instances are on record of its being congenital. It is more common in old age than in adult life or youth. It sometimes appears first at the cessation of the menses with women. Severe afflictions, and violent passions, have at times seemed to produce it. At other times it seems to arise from improper food, from acrid substances and warm spices, taken into the stomach; especially in debilitated and broken down constitutions.

Almost all the cases, that occur in children in this country, appear after vaccination; especially where no cathartic has been taken after the subsidence of the inflammation. In many cases, however, no satisfactory cause can be assigned for the appearance of the eruption.

DIAGNOSIS.

The diagnosis is, in most cases, not difficult. It is a moist eruption, thus distinguishing it, in its later stages, from the squamous eruptions. As heretofore said, when a limb only is attacked, and the eruption has passed to the squamous stage, it might be confounded with an Eczema or Impetigo. A little attention to the character of the crust will suffice to distinguish them. It has been mistaken for Herpes; the blebs are larger, and are not grouped together upon an inflamed base as in Herpes; but they are usually disseminated, and distinct, and, very commonly, with little or no inflammation of the skin. Indeed, where the elementary form of the eruption can be found, it ought never to be confounded with any other affection of the skin, except Rupia, the distinguishing marks of which, will be given hereafter.

PROGNOSIS.

The Prognosis in acute Pemphigus is always favorable when uncomplicated with any other affection; but

when thus complicated, the prognosis will depend upon these complications. Chronic Pemphigus is always a disease of more importance, not so much on its own account, as from being an index of a vitiated state of the constitution. Here the prognosis depends much upon the age, habits and general condition of the patient, and may be more or less grave, as these are unfavorable or favorable. In many cases, also, though there may be no danger, yet the disease has a tendency to return either from derangement of the digestive functions, or from some other cause, as upon the recurrence of Spring; thus, sometimes assuming a character almost periodical, very difficult to be broken up.

TREATMENT.

In acute Pemphigus, little treatment is ordinarily necessary beyond laxatives, diluent drinks, rest, spare diet and cold bathing. In some cases, the inflammatory symptoms are so severe, as to require depletion by venesection and active purgatives; the blebs may be punctured with a needle and the contents be allowed to escape, care being taken not to abrade the inflamed surface; some desiccating powder may then be dusted upon the part to absorb the fluid. Attention should be paid to the condition of the general health; the secretions should be restored if suppressed, and corrected if vitiated. Diuretics often seem particularly useful, especially when the eruption is complicated with anasarca, and in many

cases connected with dysmenorrhea or amenorrhea, the eruption will disappear when this secretion is restored or regulated. When the local inflammation is severe, it should be treated by warm water dressings, fomentations, &c.

The treatment of chronic Pemphigus is not so satisfactory. Here the anti-phlogistic treatment should be adopted with great caution; alkaline or mucilaginous baths, either warm, tepid or cold, a mild unstimulating diet, not too abstemious, residence in a healthy airy situation, with the use of laxatives, alterants and mild tonics, constitute the treatment of chronic Pemphigus. When the pain and irritation is such that the patient cannot sleep, some opiate at bed time is required; for tonics, some of the mineral acids in a bitter infusion usually answer well. The neutral salts, with a few drops of a mineral acid, or in bitter teas, are useful as laxatives. In the aged and debilitated, a generous diet, with strong tonics, as Bark or Quinine, with wine or brandy, are sometimes required. Arsenic is rarely indicated, but at times it unexpectedly acts like a charm; it is usually, though not always, in the latter stages that it is useful.

Wilson says "when there is reason to believe that the eruption is an effort on the part of nature, to determine to the surface a morbid disposition, I should strongly recommend the employment of mustard baths to the whole surface of the skin, or a stimulating liniment of some kind, such as that of croton oil, in the proportion of a drachm to an ounce

" of olive oil, to be well rubbed into the sound parts
" of the skin."

When the skin has been abraded the use of some mild astringent wash, as a very weak solution of Nitrate of Silver or the Sulphate of Iron, with some absorbing powder, will give great relief and hasten the cure.

RUPIA.

SYN.—*Ulcus Atonicum*; *Phlyzacia* of Alibert.

RUPIA is characterized by an eruption of large, flat, distinct bullæ, similar to those of Pemphigus; they are filled at first with serum, which soon becomes opaque, sanious or purulent; they have a tendency to the rapid formation of scabs, generally of a dark brown or black color, varying greatly in thickness, and followed by ulceration of greater or less depth. This eruption is usually seen in the poor, destitute, ill-fed and miserable; in patients of broken down and debilitated constitutions, exhausted by bad habits and neglect. It is not confined to either sex, or to any age, one variety being peculiar to infancy, another more common in old age.

It makes its appearance at first in large, distinct, flattened bullæ, with an inflamed base, containing a serous, ichorous fluid, which soon becomes sero-purulent, purulent or sanious, rarely well concocted, often almost black. The blebs soon wither, and crusts form, varying greatly in thickness. They are always thickest in the centre, and of a deep brown, or black color. The first scab, however, is rarely permanent, but after a few days falls off, leaving an inflamed surface with superficial ulceration. Another scab rapidly forms which remains attached longer than the previous one. The ulcer, discovered by the removal of the scab, is rarely deep, or of a phagedænic character, though by the repeated renewal

of the scab, its cure may be prolonged indefinitely; and after being healed, it leaves behind it a livid stain that is visible for a long time. Though this eruption is not confined to any part of the body, it is by far most common upon the extremities, especially the lower.

Three distinct varieties have been described by authors, viz: *Rupia Escharotica*, *Rupia Simplex*, and *Rupia Prominens*.

RUPIA ESCHAROTICA.

This variety attacks children, especially while at the breast, and during dentition. The ill-fed, filthy, and neglected offspring of the poor and destitute, are most exposed to it. It appears at first in livid, slightly elevated blotches, which soon become large, flattened, irregular bullæ. These are filled with a turbid or sanious serum, which soon changes to a dirty blackish color; this escapes when the cuticle gives way, and an ill-conditional, superficial or slightly excavated ulcer is exposed, which gradually increases in depth and extent. These ulcers are surrounded by an areola of violet colored, inflamed skin and shew no disposition to heal.

The eruption is usually successive; new bullæ appear to run through the same course as the last. If the constitution has not previously suffered, it will now sympathize; there is now commonly fever, restlessness and considerable pain; and at last the little sufferer is sometimes worn out by the irritation, and sinks exhausted

In favorable cases, the ulcers take on a more healthy aspect and slowly heal. At other times, the ulcers become phagedænic, and even sloughing; and then, if they heal at all, they leave permanent, unseemly scars. This variety resembles much, both Ecthyma and Pemphigus, and is described by Willan, under the name of *Pemphigus Infantilis*.

RUPIA SIMPLEX.

In this variety the blebs are commonly not large; are flattened and filled with serum and lymph, at first clear, but soon becoming turbid, purulent, and thick, which dries and forms a dark brown rough scab, thicker in the centre than at the circumference. The skin shows no evidence of inflammation at first. When the scab falls off at the end of a week or ten days, the skin is found, most frequently, excoriated, and upon it a new scab forms, sometimes very rapidly, as in the course of a few hours, which goes through the same course as the last. Many times, upon the removal of the first scab, the skin beneath is found livid, but covered with a new epidermis. The discoloration gradually fades away, leaving the skin natural, without any scar or stain. At other times the scab is renewed many times, and the disease is thus protracted indefinitely.

This eruption, like the last variety, though not confined to any part of the body, is more common upon the lower limbs. The bullæ are rarely larger than from

one-third to one-half of an inch in diameter, and are commonly unaccompanied by severe constitutional symptoms.

RUPIA PROMINENS.

This variety differs from the last, in being confined to the limbs, especially the lower, and by the greater severity of all the symptoms. The blebs are larger, the ulcerations are deeper, the crusts are thicker and more permanent, and are attended by more severe constitutional symptoms. The appearance of the bullæ does not differ from that of *Rupia Simplex* at first, except in their size. The contents, at first clear, go through the same changes, becoming opaque, thick, and brown, and form thick scabs, which gradually increase in thickness, the centre being most prominent. These scabs are surrounded by an inflamed areola, which itself becomes the seat of a similar effusion of serum and lymph, that undergo the same changes of color and consistence, hardening into a scab and elevating the preceding crust, while they increase its diameter. This scab is surrounded by an areola like the last, which goes through the same process, and thus eventually produces a peculiar, rough, conical, dark greenish or mahogany colored scab, resembling very much the shell of the oyster, characteristic of this variety of the disease. These singular conical crusts, with their concentric rings, are often very adherent, and are detached with considerable difficulty from

the skin, and remain fixed for a long time. At other times the scabs are less adherent, and can easily be detached, leaving the skin ulcerated to a greater or less extent, according to the time the scab was attached. After the removal of the scab, another commonly forms with great rapidity, by the drying of the lymph and fluid poured out upon the inflamed surface. This second scab, though resembling the first, has never as perfect and symmetrical shape as the other.

In old and debilitated constitutions, upon the removal of the scab, a new one does not form, but the ulcer becomes foul and unhealthy, secreting a sanious, ichorous discharge; the edges become thick, puffy, elevated and sometimes shelving; the disease is now accompanied by pain and fever, and resists every plan of treatment. These ulcers are very tender, bleeding from the slightest cause, and they sometimes go on increasing in width and depth, till the patient is exhausted and sinks. When cicatrization is accomplished, the seat of the ulcer is for a long time discolored and tender.

This variety of eruption is also usually successive, though the bullæ are not numerous as in the preceding varieties, there seldom being more than one or two in the same stage.

CAUSES.

As has been already said, a constitution debilitated by excesses, intemperance and protracted disease, want of

proper food clothing and cleanliness, and exhaustion from misery and poverty, are its frequent causes. With children, Rupia sometimes succeeds the eruptive fevers, as Scarlatina, Measles and especially Small Pox. It has been supposed that this disease never occurs except as a sequel of Syphilis. It has been proved that this idea is incorrect. It is often complicated with other cutaneous diseases, as Scabies, Pemphigus and especially with Ecthyma, with which last disease it has many points of resemblance, as noticed by Bateman, Biett, &c. As in almost all other cutaneous diseases, the causes that excite it are often inappreciable.

DIAGNOSIS.

Rupia bears a greater resemblance to Pemphigus and Ecthyma, than to any other affection. The globular bullæ, and the thin, delicate, brown crust of Pemphigus are commonly distinguishable from the flattened bullæ of Rupia, with their thick, rugose, conical scabs, surrounded by inflamed areolæ, the Epidermis of which is continuous with the scab, but often already undermined by the effusion of serum and lymph which enlarge and thicken the scab already formed.

From Ecthyma it is not always so easy to distinguish Rupia. The elementary form of the eruption is in the one case, from the very first pustular, in the other bullous; and even after the formation of the scab, yet by the successive eruptions of the disease, the elementary

form may usually be found. The very obstinate character of the ulcer in Rupia will sometimes assist in distinguishing the disease; yet, it must be acknowledged that in some cases the diagnosis is not easy, and Rupia and severe cases of Ecthyma seem to be scarcely more than varieties of the same disease. The difficulty is still increased when both diseases are seen upon the same patient, as is not unfrequently the case.

PROGNOSIS.

After what has been already said, it is unnecessary to add that the prognosis must depend much upon the age, constitution, habits and condition of the patient. Rupia Escharotica is more frequently fatal than either of the other varieties. In Rupia Simplex, the Prognosis is almost always favorable, and in Rupia Prominens, though frequently an obstinate disease, perseverance and patience will usually succeed in curing it.

TREATMENT.

The general treatment of Rupia is very similar to that of chronic Pemphigus. The same attention to diet, rest and good air, with baths, tonics and laxatives is required. As a general rule, a more active tonic course will be required in Rupia than in Pemphigus.

Locally, fomentations should be applied to soften and remove the scabs; beneath these, the ulcers are almost always atonic and unhealthy and require tonic or stimulant dressings; some of the detergent ointments, or stimulating and astringent washes answer well. Bielt preferred an ointment made of the proto or deuto-Iodurets of Mercury for this purpose. Raye dusts the surface of the ulcer with Cream of Tartar. Perhaps no application is better than a solution of Nitrate of Silver, or of the Sulphate of Copper in water. The position of the limb is very important. After the ulcer has put on a healthy appearance, it should be treated with simple dressings.

In an early stage of the eruption the blebs should be punctured and dressed with simple water dressings, or, what is better, with some mild astringents, as a weak solution of Alum, Nitrate of Silver, Sulphate of Copper, &c.

ORDER 3d.--PUSTULÆ.

THIS order is characterized by small distinct tumors, filled with purulent matter, upon an inflamed base. The diseases of this order usually terminate either by absorption and resolution, by the rupturing of the pustule and the effusion of the pus forming scabs or crusts, by ulceration, or by degenerating into a true tubercular affection of the skin. After being cured, the pustular diseases may or may not leave behind them permanent cicatrices. Besides the variolous diseases, there are three affections belonging to this order, viz. *Ecthyma*, *Acne* and *Impetigo*; in this connection will be described *Favus* also, rather in conformity with custom, than from the real pathology and appearance of the eruption, which cannot, strictly speaking, be called pustular.

While some of the diseases of this order are partial, and are usually confined to a particular locality, as *Favus* and *Acne* and sometimes *Impetigo*, *Ecthyma* and often *Impetigo* may attack either simultaneously or successively the whole surface. In this order of cutaneous diseases, while each pustule usually dries up in the course of a few days, the disease may be protracted for an indefinite period, by successive eruptions.

The eruptions belonging to this order have been divided into two divisions; the larger with an inflamed

base and areolæ have been called Phlyzaciæ; and those with smaller and more chronic pustules, with an uninflamed base are called Psyraciæ. This distinction is not of much practical importance.

ECTHYMA.

SYN.—*Furunculi Atonici; Agria; Phlyzacia, &c.*

THIS name is given by Willan to a non-contagious eruption, characterized by distinct pustules, frequently of considerable size, scattered over the body, usually not very numerous or approximated. These pustules commonly terminate in brown scabs of considerable thickness, which in falling off leave a red or livid spot, lasting for a considerable time, and sometimes are succeeded by permanent little scars. The pustules are called by Bateman Phlyzacious, and are upon red, indurated bases, with little or no inflamed areolæ surrounding them; they are rarely grouped or confluent, but are usually at a considerable distance from each other; they are not necessarily confined to any one part of the body, though less common upon the head and face; and though sometimes general, are usually restricted to some localities.

This eruption makes its appearance by small pimples, usually few in number, which very soon, often almost from the commencement, become pustular upon the summit; a brown, or dirty green scab succeeds, and if undisturbed, remains for a few days, more or less, accord-

ing to its size, then falls off and leaves a red or livid spot, and, where the pustule has been large, a small scar. In depraved and broken down constitutions, instead of this termination, ulceration takes place under the scab, and is continued for an indefinite time, at last healing with a permanent scar. The more ordinary seat of this eruption seems to be on the limbs, shoulders or neck, and though not usually preceded by any severe constitutional symptoms or fever, yet there is frequently evidence of a disordered state of the system generally, and particularly of the digestive organs, indicated by depression, indigestion, uneasiness, sleeplessness, want of appetite, pain in the back and limbs, &c.; the worst cases of this disease are usually connected with considerable general derangement of the system.

The duration of the disease varies from ten days to many months, according to the variety of the eruption, and the age, constitution and circumstances of the patient; it frequently accompanies, or is ingrafted upon, some other cutaneous disease, and seems sometimes to be symptomatic of some internal inflammation or derangement; at times also it seems in a degree critical.

Willan made four varieties of Ecthyma, viz. *Ecthyma Vulgare*, *Ecthyma Infantile*, *Ecthyma Luridum*, and *Ecthyma Cachecticum*; later dermatologists have done much to simplify the study of cutaneous diseases by reducing the number of Willan's varieties; at the present day, only two distinct varieties of Ecthyma are usually recognised by authors, the acute and chronic; the acute comprising only one variety of Willan, *Ecthyma Vul-*

gare, and the Chronic comprehending the remaining three. For practical purposes, this division is most convenient, though there seems to be some reason for the distinctions of Willan, all his varieties being occasionally met with, well characterised.

ECTHYMA VULGARE, or ACUTE ECTHYMA.

THIS variety is characterized by the eruption of round, distinct, inflamed pimples upon a hard base, usually appearing upon the neck, shoulders, or back of young people, more commonly upon females; very soon after the appearance of these pimples, upon the summit of each will be found a pustule, which in two or three days is succeeded by a brown scab; this scab, after remaining a few days, is detached, leaving behind it a livid spot, which gradually disappears entirely. Sometimes beneath this scab, when it is detached, slight ulceration is found to have occurred, and then a superficial scar will remain permanently.

This eruption commonly makes its appearance in warm weather, and is often dependent upon intestinal irritation. In this variety the pustules vary in size from one or two lines to half an inch, or even more, in diameter; they are commonly few in number, distinct and distant from each other, accompanied by considerable pain and tenderness, which depend much however upon the size of the pustules. The eruption is usually successive, but often disappears altogether, under proper

treatment, in from one to three weeks. There is no relative proportion between the degree of the inflammation of the base, and the quantity of matter contained in the pustule; many times upon a large inflamed base, a very small conical pustule will appear, and at other times a large flat pustule will appear upon a slightly inflamed base, and resemble *Rupia* or *Pemphigus*. The scabs or crusts also vary very much in thickness, at times being thick and conical, and again being thin, and often mere scales. In some of the pustules, the purulent matter is absorbed, and desquamation completes the cure. Troublesome ulceration is a rare result of this variety with an individual not reduced or with a sound constitution.

CHRONIC ECTHYMA.

HERE the pustules are commonly large, the progress slower, and the tendency to successive crops of the characteristic pustule is greater than in the acute variety. Chronic Ecthyma often occurs in young children — *Ecthyma Infantile* of Willan. It is found for the most part in ill clad, ill fed, and destitute children accustomed to privations, and without a proper regard to cleanliness; and under such circumstances it is very obstinate in its character, and often by successive eruptions is kept up for many months. It is commonly found associated with intestinal irritation.

The pustules vary very much in size, and sometimes a very small one and one of the largest size will be found

in juxtaposition, though they are generally larger than in *Ecthyma Vulgare*; they are also much more frequently found upon the face. Ulceration is not unfrequent, and then usually a small scar remains after the eruption is cured. At times, these ulcers are very unhealthy and obstinate, and resist all means applied to heal them. As in the last variety, however, many of the pustules dry up without breaking, and are simply followed by desquamation; the colour of the base of the pustule varies, from a bright pink to a livid red, according to the constitution of the patient.

Chronic *Ecthyma* often occurs also in the other extreme of life, in the same class of poorly clad, half starved, feeble, broken down patients, constituting *Ecthyma Luridum* of Willan. The pustules are here large, often flattened upon an inflamed base, with a dull, livid areolæ; they are commonly followed by ulceration, which is apt to be of an unhealthy and obstinate character; the discharge from these ulcers is frequently sanious, which desiccating, forms thick black scabs, often elevated in their centre like *Rupia*; the inflammation extends and involves the sub-cutaneous cellular substance, and considerable puffiness takes place.

There is a tendency in these atonic inflammations to increase in extent, the scabs are conical and adherent, and if undisturbed, will often remain attached for weeks, in this respect also resembling *Rupia*; when these scabs are removed by violence, unhealthy ulcers with hard edges are discovered, which are often, with great difficulty, covered again with crusts. These ulcers may

occur upon any part of the body, but are by far the most frequent upon the lower limbs.

Ecthyma sometimes appears in very numerous pustules, is not confined to any age, and is very chronic in its course; this form of chronic Ecthyma was described as a distinct variety of Willan under the name of *Ecthyma Cachecticum*, but does not differ from Chronic Ecthyma generally, excepting in the greater number of the pustules, its occurring at every age, and also in the greater obstinacy of the eruption. The pustules are larger when the disease is not confined to old age, though there is a great variety in the size; they are generally smaller upon the trunk than upon the extremities. It is often preceded for several days by some febrile movement, anorexia, &c., and the eruption is almost always successive, every stage of the eruption being frequently seen in the same individual, and often upon the same limb, from the first appearance of a pimple, to the desquamation. It is often accompanied during its whole course by fever, irregular pains and disordered state of the digestive organs. It seldom occurs except in debilitated and broken down constitutions, exhausted by intemperance.

CAUSES.

As already observed, Ecthyma is confined to no age, sex, or season of the year. It is often developed by irritating substances, applied to the skin, as Antimonial

Ointment, Croton Oil, &c, by the bites of insects or leeches, &c., and by the habitual handling of irritating substances, as upon the hands of grocers, masons, &c. The general causes of Ecthyma are want of proper food, clothing and cleanliness, inhabiting cold, damp, unhealthy situations; the habitual excessive use of stimulating food and drinks; every thing calculated to exhaust and deteriorate the strength of the constitution, as want of sleep, depressing passions, suppressed, irregular, or excessive catamenial discharges, &c. Sometimes Ecthyma attends pregnancy; and irritation of the pulmonary or intestinal mucous membrane, may be considered one of its most frequent causes.

The system, after some severe disease, especially the eruptive fevers, seems to be in a peculiarly proper condition for the appearance of Ecthyma; the most protracted and obstinate case the author ever witnessed appeared in a lady, previously healthy, as a sequel of vaccination; and after months of suffering the case proved fatal. It sometimes accompanies other cutaneous eruptions, as Impetigo, Favus, and especially Scabies; in such cases the remedies, used in the treatment of the original disease, often seem to be the cause of Ecthyma. In many cases, however, no adequate cause can be assigned for the eruption.

DIAGNOSIS.

The diagnosis of Ecthyma is not difficult in most cases, and where difficulty does exist, it most frequently arises from its being complicated with some other cutaneous disease. Ecthyma Luridum and Rupia resemble each other so much at times, as to render it difficult to make a positive diagnosis. The elementary forms of the two diseases are different, the one being pustular, the other bullous; in Ecthyma the shape of the scabs are amorphous, and the ulceration succeeding these scabs is usually superficial; while in Rupia the scabs have a peculiar characteristic form, conical, with imbricated rings, and the ulceration is deeper.

From Sycosis and Acne, the broader inflamed areola of Ecthyma, its larger pustule, its usual situation on the limbs, will serve to distinguish it from the small pustule with a tubercle base, situated upon the face and shoulders.

Ecthyma is sometimes confounded with boils; in the latter the whole skin is involved and usually the subcutaneous cellular substance also, terminating in a small slough, while in Ecthyma the inflammation is more superficial and proceeds from without inwards. It may not, in all cases, be practicable to distinguish the pustular form of Syphilitic disease from Ecthyma; generally, the history of the case, the little irritation accompanying the Syphilitic eruption, its copper colored areola, its situation upon the forehead and commissure of the nose, will enable us to come to a correct decision.

PROGNOSIS.

Ecthyma, uncomplicated with any other disease, and in a subject not entirely worn out, is not a dangerous disease. The prognosis in regard to a speedy cure, will, of course, depend very much upon the constitution, age, habits and situation of the patient.

TREATMENT.

To remove as far as practicable every exciting cause of the eruption, to observe a mild unstimulating diet, to correct the secretions, to have the patient removed to a dry, airy situation, and to pay strict attention to cleanliness, will cure a great proportion of cases of Ecthyma. In acute cases, the more decided anti-phlogistic treatment, by depletion, abstemious diet, &c., may at first be necessary; much may also be accomplished by baths; they may be tepid, cool or cold, they may be simple, mucilaginous, alkaline, salt, sulphurous, &c., according to the circumstances of the case. The diet also should vary to suit the case; with one it should be strict and abstemious, while with another it should be generous, nutritious and stimulating; the drinks in one case should be cooling and diluent, in another they should be tonic, bitter or stimulating.

Considerable diversity in the medical treatment is required in order to be well adapted to the different

stages and varieties of Ecthyma. While in the acute and inflammatory form, purgatives and even venesection are required, in many cases of Ecthyma Luridum, Infantile and Cachecticum, tonics, as the bitter infusions, mineral acids, preparations of Iron, Quinine, &c., are necessary. Great attention should be paid to the state of the bowels, as they are frequently deranged in this disease, but in the asthenic form of the eruption, the aperients should always be combined with tonics. Ecthyma Infantile especially is often complicated with a tumid, hot state of the bowels, with vitiated secretions, and the eruption cannot be cured till the digestive organs are regulated. As an alterant, in the asthenic form of Ecthyma, the Hydriodate of Potash often succeeds well.

In Ecthyma Cachecticum and Luridum, when the scabs are removed or fall off, they discover foul, unhealthy ulcers which require to be treated with stimulant, detergent ointments, or stimulating astringent washes before they will heal. The ointments of the Proto or Deuto-Ioduret of Sulphur, of the Hydriodate of Potash, of the Iodurets of Mercury, the washes composed of the solution of the Nitrate of Silver, the Sulphate of Copper, Alum, or Tinc. of Myrrh, &c., will answer this purpose. The Cream of Tartar dusted upon these ulcers has also been recommended and is very efficacious. The general treatment should be continued for some time after the disappearance of the eruption, so as to prevent a relapse.

ACNE.

SYN.—*Varus*; *Couperose*; *Rosacea*; *Sycosis*; *Ionthus*; *Gutta Rosea* or *Rosacea*; *Bacchia Rosacea*; *Dartre Pustuleuse Disseminée*; *Copper Nose*.

SINCE the time of Willan, by the term Acne has been understood a noncontagious eruption, characterised by small pustules, upon a conical inflamed base of greater or less size, usually of a dull red or livid, though sometimes of a natural colour; after suppuration the base does not subside, but continues for some time, and often enlarging, forms small, hard, indolent, deep red, or livid tumors, which are very slow to disappear. Acne usually appears about the age of puberty in both sexes, and when once established, unless subjected to proper treatment, continues till the patient attains the age of twenty or twenty-five years, when it generally subsides; some times, however, it persists long after this period, till the patient is thirty or even forty years of age, and one variety is most frequent after this period of life.

The most frequent seat of this eruption is the back and shoulders, and sometimes it is confined to these parts, though usually it affects the face at the same time, especially the forehead and cheeks. It is rarely confined to the face; sometimes, though not often, it attacks the upper limbs, very rarely the lower; when it attacks the arms, it is upon the extensor surface only. Acne attacks those parts which are best supplied with sebaceous

glands and hair follicles ; and the inflammation of these organs constitute the pathology of the disease ; many of the inflamed glands and follicles do not terminate in suppuration at all, but after remaining in a state of inflammation for a longer or shorter period, the inflammation subsides, and the tubercle is removed by absorption.

Upon the summit of these tubercles the duct of the follicle can generally be seen ; when it is visible, it is often of a dirty black color, from the exposure of the sebaceous matter to smoke and dust ; in many cases the orifice seems obliterated, sometimes before, but more often, by the inflammation and suppuration ; and there is perhaps some reason for the opinion, that the obliteration of the duct, with the consequent accumulation of the sebaceous matter, is occasionally the exciting cause of the inflammation.

Willan and Bateman made four varieties of Acne, viz. *Acne Punctata*, *Simplex*, *Indurata*, and *Rosacea* ; to these, two other local varieties have since been added ; the first, *Sycosis*, differs from the other varieties in being confined to the follicles of the beard on the chin, upper lip, and cheeks ; and *Acne Sebacea* is a well characterized variety, first described by Bielt, and is usually confined to the face. The first three varieties are in fact only three stages of the same disease, and have been grouped together into one variety, *Acne Simplex* ; according to this arrangement, there is one general and three local varieties, viz. *Acne Simplex* — and *Acne Rosacea*, *Acne Sebacea* and *Sycosis*, the last being confined to the

beard, and *Acne Rosacea* attacking the nose, while *Acne Sebacea* is found upon the face.

Acne Simplex is characterized by the eruption of pimples, varying in size from a pin's head to a large bean, isolated, distinct, scattered over the back, neck, shoulders, face, and sometimes arms, which slowly suppurate and then dry; a desquamation usually succeeds, while the base of the pustule usually remains, for an indefinite time, in the form of a dull red or livid tumor; this at last is absorbed, but frequently leaves behind it, especially where the back has been the seat of the eruption, a small white cicatrix, which is permanent. This eruption is unaccompanied with much pain or any constitutional irritation, and generally the subject, in other respects, enjoys good health.

The disease seems to consist in a local inflammation, attacking the sebaceous glands, and subsequently the hair follicle of the skin; some alteration in the character of the secretion of the gland accompanies this inflammation, either as cause or effect, and the sebaceous matter accumulates. In many cases the accumulation of sebaceous matter alone seems to excite slow inflammation by distension. By examining the skin affected with this disease small black points are seen, often very numerous, especially upon the face; often the pimples themselves are surmounted by this black point, caused by the exposure of the accumulated secretion; if the tubercle be pressed between the two thumb nails, the sebaceous matter may be squeezed out, resembling a small grub or

worm, with a black head. This constitutes Willan's variety, *Acne Punctata*.

When the progress of the eruption is very slow, all the distended follicles and inflamed glands do not suppurate; and in those that have done so, the base does not disappear by resolution, but slowly increases in size and hardness, the colour remaining dull red or livid, till true tubercles or tumors of the skin are formed; these tubercles often involve the subcutaneous cellular tissue, and remain indolent for a long time while the intervening skin gradually becomes thickened; the eruption in this state forms Willan's variety of *Acne Indurata*. It is a very obstinate affection, and often resists every mode of treatment for months or even years; there is usually but little pain or uneasiness accompanying this eruption, except occasionally when the inflammation involves a filament of nerve, and then the pain and tenderness is troublesome.

The pimples are almost always distinct, though sometimes several by increasing in size may seem to coalesce, and form one large tumor. From the number and size of these tubercles, and the depth of the inflammation, the skin of the part affected by this eruption becomes very much thickened and discolored, so as greatly to disfigure the face.

This eruption occasionally springs up simultaneously, though it is usually successive, and upon the same individual the disease can be seen in most of its varieties and in all its stages, from the black point of the desiccated sebaceous matter in the follicle, to the small, white,

oblong characteristic scar of Acne, through all the intervening degrees of pimple, pustule and hard livid tubercle. In severe cases of Acne, the whole affected skin becomes oily and greasy to the touch, often glistens in the light, and sometimes exhales a peculiar odor, unless great attention be paid to cleanliness.

The number and extent of the tubercles of course vary much; sometimes the eruption is confined to a single part, as the face, back or shoulders, while in other cases it is very extensive, affecting, simultaneously or successively, several or many parts of the surface; the disease however, even when most severe, does not apparently affect the general health, but is often seen in strong, robust individuals, enjoying in all other respects excellent health.

ACNE SEBACEA.

Bielt was the first to discribe another very common variety of Acne, called by him Acne Sebacea; this variety differs materially from the preceding, and its distinction is now well established and admitted. From irritation, or possibly a low grade of inflammation of the sebaceous gland, or more probably from some unknown cause, the sebaceous secretion is poured out in unusual abundance, and dries into scales or thin crusts, of a dirty grey or brown color, which cover the whole of the affected skin.

This variety most often attacks the face, forming a

mask, and somewhat resembles Eczema or Impetigo, and has been, it is said, mistaken for Icthyosis. It is usually confined to the face, though it may extend to the back and breast, and in some rare cases, has been general. When first poured out, the secretion is liquid, soft and easily detached; but when it has dried, it adheres to the skin so very closely as to be with considerable difficulty separated. Beneath this crust, the skin, when exposed, is found irritated or inflamed, and occasionally this irritation goes on, till true Eczema or even Impetigo is excited by the presence of this matter.

This variety may exist alone, though it is more frequently seen with the other varieties already described. It is rarely seen in old age, and still less frequently in children, and though very obstinate and rebellious, and sometimes lasting for years, is usually less so than Acne Indurata or Rosacea. Profuse perspiration will often detach many of these crusts, soon to be reproduced; and though local irritation will sometimes apparently excite it, yet in almost all cases its causes are inappreciable.

ACNE ROSACEA.

This well established and common variety usually commences upon the nose, and thence extends to the face, cheeks, forehead or neck, and in its progress is more indolent and tedious than Acne Indurata. It commonly does not occur till after the middle of life, though some individuals, especially those hereditarily predisposed to

it, are in youth attacked by it upon exposure to the heat of the sun, to cold wind, or when laboring under some intestinal mucous irritation or dysmenorrhea, &c.

In slight cases there are only a few small pimples, but an Erythematous blush extends around them so as to involve the intervening skin; and from this, cases occur of every degree of severity, till the nose is found enlarged to twice its natural size. When the disease is allowed to go on without interruption, the part becomes congested and of a red, violet or livid color, the enlarged and varicose veins are distinctly seen coursing along in bluish lines beneath the cuticle; up to this time papular elevations are usually few, small and slow in their progress, while here and there one suppurates, and the pimple rather increases than diminishes in size from the suppuration.

The number of the papules increases, the intervening skin is affected, thickens and becomes very rough and discolored, producing great deformity. This disposition to become hypertrophied does not always exist, but the redness, occasional suppuration, and the few small tubercles with enlarged veins, constitute the whole disease.

There is a great tendency in this variety to extend slowly; but it sometimes remains stationary for a long time, confined to a single part, as the nose or cheeks. It is the most obstinate of all the forms of Acne, and though great fluctuations take place in its severity, it is apt to continue for many years; in such chronic cases the skin at last becomes thickened and rough, and even

if the inflammation be subdued, and the enlarged veins diminish, so that the blood circulates naturally again, it still remains altered in its texture and appearance for life.

All shades of the disease can often be seen upon the same individual, and often upon a very small space, from the simple Erythematous blush, produced by congestion, to the thickened skin with its enlarged tortuous and varicose veins, with a few small papular elevations; or even to a still later stage, with the large tubercles with here and there a pustule, the thickened rugose skin, and the deep red, violet or livid color of inveterate Gutta Rosea.

As has already been said, it is a disease of adult life, and, though with many exceptions, it is generally caused by excessive eating, intemperance in the use of alcoholic drinks, &c. It is temporarily worse at evening and by a single indulgence at table. It often occurs, or at least becomes worse, in females during difficult menstruation, and at the turn of life.

SYCOsis.

Sycosis is a pustular eruption, very analogous to the other varieties of Acne already described, differing from them principally in its locality. It is developed almost exclusively upon the upper lip, chin and cheeks of adult males, sometimes extending to the neck; females are almost entirely exempt from the disease, though cases are upon record where they have suffered from it. It

first appears in small red pimples, which are usually more rapid in their progress than in the other varieties of Acne; commonly in three or four days, upon each papule a small pustule is seen, traversed by a hair; this pustule bursts and its thick yellow contents escape, which seem to consist of pus and vitiated sebaceous matter; this dries upon the skin, resembling very much the crusts of Impetigo.

The seat of the disease seems to be in the hair follicle and in the sebaceous gland beneath; and M. Gruby, of Vienna, has discovered that, within this pustule, at the root of the hair, there is sometimes found a parasitic plant, similar to that discovered in Favus. This vegetation never sprouts so as to extend above the surface of the skin, but is confined to the hair follicle, and there completely surrounds the hair, forming a sheath around it.

In very severe cases of Sycosis the inflammation extends beyond the skin, so as to affect the cellular tissue, and produce considerable elevations and tumors, which are often permanent, not subsiding with the inflammation; also, after severe suppuration has taken place in the pustules, the base instead of disappearing by resolution, has a great disposition to continue, sometimes increasing in size, forming those tubercles or tumors so characteristic of Acne.

Often the inflammation is so severe that the bulbs are affected, and the hair loosened, falls out, leaving the surface bald; this loss of the hair is rarely permanent, the hair springing up again as soon as the disease has

been cured; the new hair is at first white and downy, but gradually recovers its natural appearance.

The eruption is always successive; the first pimples run their course and the scabs fall off in a fortnight from the commencement of the disease, while the eruption is kept up for months, and even years, by new pustules. Considerable heat, pain and especially a sense of tension accompany the disease, depending however very much upon the extent and severity of the inflammation. The duration of the eruption is various, and even when apparently cured, the patients are very subject to renewed attacks.

When the disease yields to the remedies made use of or improves spontaneously, the successive pustules are less numerous, the crusts fall off, the inflammation abates, the swelling subsides, the tubercles are most of them absorbed, the hair reappears, and the face is left without a mark; this variety, unlike the other forms of *Acne*, is not commonly followed by the characteristic scar. Sometimes, however, where the inflammation has extended through the true skin and affected the cellular tissue, a permanent tubercle remains, or a scar shews the seat of the suppuration; but this does not occur in cases of ordinary severity. These permanent tubercles are commonly not found, except in the old and debilitated, or in the scrofulous, where the powers of absorption are very imperfect.

The most usual cause of this distressing variety seems to be the use of a dull razor used in shaving the face, yet some trades seem to predispose to this disease,

especially where the face is exposed to great heat; by many it is thought to be communicated from one to another by the razor, or other shaving utensils; this idea of contagiousness, though denied by most dermatologists, is supported by some very striking and well authenticated cases, and is readily explained if we admit its vegetable origin, as asserted by M. Gruby. At all events it not unfrequently prevails epidemically, and M. Manry states, that he has known it communicated by a razor from one individual to another in the Hospital at Rouen.

CAUSES OF ACNE.

The causes of Acne are very imperfectly understood. Acne Simplex usually appears about the age of puberty in both sexes, and continues a few years, commonly disappearing from the twentieth to the twenty-fifth year, though sometimes lasting much longer. It sometimes exists in a very severe form without there being any other indication that the patient is not in excellent health; it sometimes seems somewhat periodical in its character, disappearing wholly or partially, to be renewed the following spring.

Individuals, with a bilious or lymphathic temperament, with dark hair and smooth pliable skin, seem to suffer most from it. It sometimes seems to be induced by sedentary habits, by protracted watchings, by those occupations where the head is bent down, by dysmenorrhea, or amenorrhea, by the use of cold drinks when the body

is heated, by the intemperate use of alcoholic drinks, by exposure of the face to great heat, especially when the head is low, as with cooks, blacksmiths, &c., and sometimes by intestinal irritation. Masturbation especially may be mentioned as one of its frequent causes. Students and those accustomed to intellectual labor, seem also to be especially subject to it. It also is excited sometimes by depressing moral emotions, as prolonged grief, great anxiety, &c.

Although some slight cases of *Acne Rosacea* may occur before adult life, yet, severe cases of it are rarely seen before mature or declining years; it is common to both sexes, though as it frequently arises at the turn of life, it may be said to be rather more frequent with females than with males. Excess at the table, especially in the use of spirituous liquors, is its most frequent cause. Suppression of any habitual discharge, as of the menses or the hæmorrhoids, hereditary predisposition, want of cleanliness, the use of stimulating washes, cosmetics, &c., have been enumerated among the occasional causes of this variety.

Sycosis sometimes seems to prevail epidemically; exposure to strong heat, the use of a dull razor as before mentioned, the use of irritating soap, excess at the table, stimulating drinks, and probably contagion, are the most usual causes of this variety.

PROGNOSIS.

Acne Simplex differs much in its prognosis according to the form in which it appears; in most cases it is curable, but when it has been present for a long time, and numerous tubercles are formed, constituting the *Acne Indurata* of Willan, it is exceedingly rebellious, resisting for a time all efforts to cure it, but at last gradually subsiding, till it disappears spontaneously.

Acne Rosacea is always a most obstinate affection; and though it sometimes completely disappears either spontaneously, or more commonly after an attack of fever or of *Erysipelas* of the face, yet in most cases, we are unable to remove it entirely by any means with which we are acquainted. *Sycosis* usually yields to well directed treatment, though when it has been severe, the tubercles often continue through the remainder of life.

DIAGNOSIS.

The conical form of the pimples, the seat of the eruption, the follicles distended with the sebaceous matter, the indolent course of the disease, and the permanent tubercle, or the small, oblong, white cicatrices which follow this affection, usually are sufficient to distinguish it from all others. The absence of severe pain and itching, and of all constitutional disturbance assist in the diagnosis.

In Ecthyma the pustules are larger, more superficial during their whole course, have thicker crusts, and do not degenerate into tubercles. From Impetigo we can distinguish Sycosis by its deeper pustulation, its slower progress, its greater obstinacy, by its locality and by the tubercles that remain after the pustules.

From the pustular form of syphilitic eruption it is distinguished with more difficulty. In Acne, however, the pimple is conical, small and hard, it is situated upon the cheeks, chin, nose and back; it has no tendency to ulceration and loss of substance, while in syphilitic eruptions the pimples are large, flat, unequal, shining, and of a copper color; their most usual location is at the commissure of the lips, at the junction of the alæ of the nostrils with the face, and upon the forehead, though in the last situation they appear much more frequently as a papular, than as a pustular disease. In syphilitic eruptions also the pain and itching are still less than in Acne, while they have a far greater tendency to destructive ulceration.

TREATMENT.

If the cause of the eruption can be discovered, it should be removed, and sometimes the disease will spontaneously disappear; the state of the digestive and of the uterine organs should be attended to, and corrected if deranged; inattention to the state of these functions will often prevent any benefit from all other treatment. The different stages and varieties of Acne require differ-

ent treatment. In *Acne Simplex*, cathartics, diluent drinks, with an occasional loss of a little blood, followed by the use of the milder tonics, are all the general treatment usually required. The diet should be very exact and abstemious, and all violent exercise and exposure to heat should be avoided. The same course of tonics that has been so often recommended in the treatment of other eruptions should be used here; as the mineral acids in bitter infusions, the preparations of bark, &c.

The patient should be particularly cautious in his drinks; the excessive use of coffee will sometimes maintain the eruption, notwithstanding every effort made to cure it; it is hardly necessary to add that he should avoid all the heating condiments, as pepper, mustard, spices, &c., and all alcoholic drinks. Experience has also proved, even in patients who do not seem plethoric or strong, that a moderate venesection and the use of purgatives will promote the cure.

Besides these general means, local applications to the face are commonly necessary. When the eruption is acute and inflammatory in its character, stimulating washes and ointments should be prescribed with caution, or the skin will be irritated and the disease rendered worse; soothing and cooling applications will here succeed better. As a stimulating ointment, Bielt often prescribed that made of the Ioduret of Sulphur, from twelve to twenty grains to the ounce of lard, and Caze-nave speaks highly of its efficacy.

The solutions of Nitrate of Silver—the Sulphates of Iron and Copper—and of Arsenic of a strength adapted

to the case, are useful for the same purpose. Probably the solution of the Corrosive Sublimate in Alcohol or Cologne Water, in the proportion of one half a grain to an ounce, gradually increased to double or quadruple that strength, is as convenient and efficacious a wash as can be used. A weak solution of Iodine, from six to ten grains to an ounce, is also a useful application, especially in dispersing the tubercles in Acne Indurata.

The local application of the vapor douche, for fifteen or twenty minutes, is useful for the same purpose, and when the circulation of the skin is very inactive, its efficacy may be increased by the addition of some stimulant, as Iodine; where the tubercles of Acne Indurata are very obstinate and inflamed, the application of a leech, or the abstraction of a few drops of blood by the lancet, is often of service; and when there is reason to believe that a tubercle contains pus, it should be laid open and dressed with warm fomentations.

When other means fail, we sometimes succeed, by administering empirically some articles of the Materia Medica, which experience has proved are occasionally successful in the treatment of these diseases, as Arsenic, Cantharides, Corrosive Sublimate and Iodine. These remedies do not seem so well adapted to the cure of diseases of this, as of several other orders, yet their effects are sometimes striking.

A great number of stimulants, astringents, and sorbifacients have been recommended as local applications in Acne Rosacea; this variety is always an obstinate and sometimes incurable disease. The most efficient appli-

cations are Tincture of Iodine, solution of the Sulphate of Iron in water, and of the Corrosive Sublimate in alcohol; in order to be of utility they should be applied with great perseverance; local bleeding may be tried at the same time, and too great attention cannot be paid to the diet, exercise, and general habits; attention should also be paid to the state of the mucous surfaces.

Caustics, as saturated solution of Nitrate of Silver, the concentrated acids, the Caustic Alkali and Caustic Solution of Iodine are occasionally used with success, though in most cases they are too severe, and are occasionally followed by unpleasant consequences. While these local applications are made, some alterative, as Plummer's Pill, or the Blue Mass, or minute doses of Corrosive Sublimate will assist.

In the treatment of Sycosis it should be remembered that the disease can be maintained indefinitely by the use of the razor, and on this account shaving should not be allowed; the beard should be clipped by scissors, and as a hair becomes loose, it should be extracted, as it then irritates like any foreign substance. Emollient poultices applied to the inflamed part, with leeching if the inflammation is very severe, and soothing mucilaginous or narcotic washes, constitute the best local treatment for the first or inflammatory stage. Purgatives, and if the patient be robust, venesection, may also be important. After this stage has past, the vapor douche, some astringent or stimulant washes or ointments are often useful; and at this stage the internal use of some tonic, as some bitter infusion, with or without one of the

mineral acids, should be tried. During the whole course of treatment, too great care cannot be paid to the state of the digestive organs, and to the quantity and quality of the food.

IMPETIGO.

SYN.—*Milk Crust*; *Crusted Tetter*; *Psydracia*; *Running Tetter*; *Dartre Crustacée*; *Melitagra* of Alibert.

By Impetigo is now understood, a non-contagious cutaneous disease, characterized by small, grouped and agglomerated pustules, not surrounded by an inflamed areola; in the course of a few days these pustules burst, and pour out a viscid secretion resembling honey, which soon dries into thick, rough, yellow or greenish crusts. This eruption is usually confined to a small part of the surface, as to the limbs, face or scalp; but at other times, by its successive eruptions, it becomes almost general.

When the crusts have once formed, the disease may be prolonged indefinitely by the exudation of this viscid secretion, without the reappearance of any of the elementary pustules; frequently, however, when the disease is prolonged, pustules will be constantly renewed, as at first, and the affection may thus be maintained by the successive eruptions.

The individual pustules are small and superficial, and the eruption is commonly unaccompanied by any constitutional disturbance; but at other times, there is slight general derangement, as loss of appetite, thirst, restlessness, constipation, &c. There is generally considerable

heat, smarting, sense of tension, &c., in the affected part; the skin is swollen, and the neighboring lymphatics are affected, especially when the scalp is the seat of the disease.

The duration of the disease varies from three or four weeks to months, though commonly it is not a very obstinate affection. When apparently cured, the patient is liable to a relapse, and the vulgar prejudice, that this eruption is at times essential to the health of the patient is not without foundation, especially in children, where attempts to dry it up by local applications are not unfrequently followed by unpleasant consequences. When the crusts are removed prematurely, the skin beneath is found slightly ulcerated, though sometimes it is only inflamed, smooth and shining, upon which the viscid secretion is poured out in great abundance, and by its desiccation a new crust is rapidly formed.

The following varieties of Impetigo have been described by authors: *Impetigo Figurata*, *Sparsa*, *Scabida*, *Rodens*, *Erysipelatodes*, *Larvalis* and *Capitis*. Several of these varieties are to be distinguished from each other only by some slight peculiarity of form or appearance, and for practical purposes, their number might be reduced, but in conformity with general custom in describing this disease, the distinguishing marks of these varieties will be given.

IMPETIGO FIGURATA.

This variety is characterized by patches of pustules, usually of an oval or round shape, more frequently seen upon the face, though not confined to any part of the body, and often attacking several parts at once. It commences in a well defined red spot, upon which small, flattened, grouped pustules, but little elevated, appear; these in three or four days burst and pour out a plentiful, viscid secretion, which soon dries and covers the whole affected part with thick, semi-transparent, brittle, greenish or yellow crusts. Sometimes these spots are few and small, and at other times they are numerous and large, scattered over the whole body; sometimes, though at first small, they increase in size till several patches coalesce, and form one of great size; and at other times a large patch is simultaneously covered with pustules, without any healthy skin intervening.

This variety is not confined to any part of the body, though perhaps its most frequent locality is the cheek, where the patches are almost circular; it is often found upon the body, and also upon the limbs, especially the lower, where its form is more oval, with its longest diameter in the direction of the limb. It is said to be more common in cool weather, often appearing in the autumn, and persevering through the winter, to disappear in spring.

It appears most frequently in females of a delicate skin and of a lymphatic constitution, and especially in

children during dentition. It is often acute in its character, gradually subsiding after a few weeks, till it disappears altogether; in such cases, when the crust falls off or is removed, the skin beneath is found swollen, inflamed, of a bright red or shining color and glistening, sometimes slightly excoriated; this inflamed skin soon secretes more of the viscid discharge, which dries and forms a crust, thinner than the first; this is succeeded by another still thinner, and so on, till gradually the skin becomes healthy. Though there is little constitutional disturbance, there is considerable heat, itching and sense of tension accompanying this eruption.

The nature of the eruption may almost always be ascertained, by some pustules being found around the circumference of the patch, showing the elementary character. Frequently the disease becomes chronic by successive eruptions, and by a tendency to secrete the viscid matter after the removal of the scabs, and in such cases it may continue for years; the skin then is liable to become thickened and unyielding, and deep fissures occur, especially over the joints. Sometimes the eruption is progressive in its course, commencing in a small spot, and increasing by the development of pustules upon the circumference, till the whole face or limb is covered.

After the eruption has subsided or has been cured, the skin is red and tender for a long time, and very much exposed to a new attack from some irritating cause, as the application of some stimulating remedy, some error in diet, some unwonted exposure, &c. This eruption is sometimes symmetrical upon the two sides of the

body, though usually, no such correspondence is observed.

IMPETIGO SPARSA.

This variety of Willan differs from Impetigo Figurata, in the irregular arrangement of the pustules and crusts, and by being commonly more chronic in its course; here the pustules instead of being grouped in circular or oval patches are irregularly scattered over a limb or over the whole body. The pustules commence in the same way, and pursue the same course, except in being more tedious, and have the same termination, as in the last variety. When on the lower limbs, this variety is often associated with Edema, and when the crusts are removed, considerable ulcerations are often found; it seems by preference to attack the joints, and then the motions are impeded. It most commonly occurs after, though sometimes during, the heat of summer, and its course is slow and tedious, the eruption being maintained for a very long time by successive eruptions.

IMPETIGO SCABIDA.

When the eruption is very severe and surrounds a whole limb, the crusts resemble very much the rough bark of trees, and it was then called by Willan, Impetigo Scabida, a variety still maintained, though it does not differ from other varieties, except in its extent and se-

verity. It occurs more frequently in the aged and in broken down constitutions, and is often very obstinate.

The incrustations are often very thick, rough, and irregular; the skin beneath is inflamed, thickened, and inelastic, so that by the motions of the joints, deep and excessively painful fissures take place; new inflammation is thus excited, fresh exudation thus takes place, till all motion becomes impracticable. In this, as in the other varieties of Impetigo, considerable itching, obscure pain, and a sense of tension usually accompany the eruption, and when upon the lower limbs, there is often considerable Edema; when the crusts are removed, the skin is found excoriated and usually ulcerated, but fresh exudation almost immediately takes place, which encases the limb anew; this variety is more frequent on the lower limbs, and sometimes extends as far as the nails, which are then affected and ultimately destroyed.

IMPETIGO ERYSIPELATODES.

This variety of Willan differs, in its severity and in its more distinct constitutional symptoms, from Impetigo Figurata. Its name is derived from its general resemblance to Erysipelas, and, like it, most frequently attacks the face; the appearance of the pustules is preceded by swelling, great redness, pain, itching and heat; indeed, until the pustules appear, the symptoms are identical with a slight attack of Erysipelas. After the pustules are formed, they run through the same course as in the preceding varieties of Impetigo.

IMPETIGO RODENS.

This is still another, though very rare form of Impetigo, of which Bielt saw but few examples in his immense practice, and which Wilson says should not be considered Impetigo, but a cancerous affection of the skin; in this disease a few pustules appear, usually upon the nose, which in a few days burst, and form crusts as in the other varieties; but here all analogy ceases; for instead of following the same course of the falling off of the old scabs and the formation of new, the part which is attacked in this variety, is a prey to a destructive ulceration, and when healed there is a permanent cicatrix.

IMPETIGO LARVALIS.

This is a more frequent variety of Impetigo, though called by Willan a Porrigo. It derives its name from the fact, that by its thick crusts it forms a mask, *larva*, for the part affected, especially the face, its most frequent seat. It does not differ from Impetigo Figurata, except in its most frequent locality being the face and head; it is a frequent disease of children during dentition, and has from this circumstance been commonly called Crusta Lactea, Milk Crust. It sometimes runs over the whole surface, forming a thick, irregular, greenish or yellowish mask, so that the features can with difficulty be recognized. In children it is often preceded by some consti-

tutional disturbance, as fever, intestinal irritation, &c.; at other times no general symptoms precede or accompany it, though any attempt to dry up the eruption, by active local applications, will, even in these cases occasionally develope severe general trouble, as cough, diarrhea, or even coma and convulsions.

It is sometimes an acute disease, and either self-limited, or yields readily to remedies; but at other times it is very chronic, and will last for years. In protracted cases, much caution is required in the use of active local remedies, as experience has often proved, that their application is imprudent. The disease is accompanied with a sense of tension, itching, heat, &c., and when torn by the nails, the inflamed skin bleeds freely; the blood dries and discolours the green crust. The lymphatic glands of the neck are often affected, but rarely suppurate.

When the crusts are removed, the skin presents the same red, glossy appearance as in *Impetigo Figurata*, and new crusts are rapidly formed. As the violence of the disease subsides, these crusts are successively slower in their formation and thinner, till at last, as in the other varieties of *Impetigo*, the skin gradually becomes healthy after repeated desquamation, and no scar is left, except where the skin has been wounded by the nails.

IMPETIGO CAPITIS.

This variety is in fact only *Impetigo Figurata* or *Sparsa* upon the scalp; and the frequency of this affec-

tion, with such modification as the locality upon a hairy surface would necessarily produce, are the only reasons for retaining it as a distinct variety. The pustules in *Impetigo Figurata Capitis* at first appear the same as when on other parts of the body; they run through their course in about the same time, and terminate in the same exudation of viscid secretion; but this discharge, in drying, mats the hair, and with it forms thick crusts; these scabs, by their nature, are very permanent, and cause great irritation of the scalp; a sero-purulent or purulent discharge is excited, and unless great attention be paid to cleanliness, the whole hair becomes felted into a disgusting fetid mass, in which vermin are engendered in incredible numbers.

The hair is commonly removed with the scab, and baldness is the result, but from the superficial nature of the inflammation, it is fortunately not permanent; for as the disease subsides, the hair sprouts again, and gradually regains its original color and texture. Considerable heat, itching and some pain accompany this variety; frequently, however, not severe enough to excite any general symptoms; sometimes when the inflammation runs high, the general health is much affected; large abscesses form under the scalp, and the glands of the neck enlarge and are inflamed, though they rarely suppurate.

This disease, if neglected, may last for months and years, and the inflammation then involves the deeper tissues of the scalp. It more frequently appears in young children, especially during dentition.

When this disease attacks older children, especially the ill-fed, debilitated and neglected, the pustules are not grouped together in oval or round patches, but are scattered here and there over the scalp, in irregular, unequal groups, and then they resemble *Impetigo Sparsa*; in this case the posterior part of the head is commonly the principal seat of the eruption which is usually chronic in its character. When the dry and friable crusts are broken up, small particles are seen affixed to the hair, often several upon one hair, strung like beads; and the whole scab presents the appearance of old mortar, broken to pieces, with the fragments adhering to the hair.

This disease seems more liable even than *Impetigo Figurata Capitis*, to the same unpleasant consequences from neglect; such as deep seated inflammation, matting of the hair into most offensive masses, the generation of innumerable pediculi, and to baldness more or less permanent.

This variety is described as *Porrigio Granulata* by Willan, and as *Teigne Granulée*, or *Favus Squarrosus* by Alibert.

CAUSES OF IMPETIGO.

In those who are predisposed, any irritation applied to the skin is sufficient to produce *Impetigo*; but in a great majority of cases, no satisfactory cause can be assigned for it. Some forms of it occur principally in youth and childhood, while occasionally, examples of every variety are met with, without regard to age. Dentition seems

the most common cause of Crusta Lactea. Impetigo often seems in a measure to be a vicarious disease, depending upon some obscure condition of the general system.

DIAGNOSIS.

Impetigo has been confounded with Eczema, Sycosis, Pemphigus and Favus.

The elementary form of the eruption, the thick, irregular, granulated crusts are usually sufficient to distinguish Impetigo from the vesicular eruption, and the thin crusts of Eczema. Eczema Impetiginodes, however, seems often to be upon common ground, between the pustular and vesicular diseases, and it is sometimes impossible to say whether an eruption is with more propriety to be called Eczema Impetiginodes or Eczematous Impetigo; and as far as treatment is concerned, it is fortunately a distinction of no practical value.

When Impetigo attacks the upper lip and chin, care is required to distinguish it from Sycosis; but the small, flat, scarcely elevated pustule, the copious viscid secretion, the thick, irregular, greenish, semi-transparent crust, rapidly renewed when removed, and the superficial ulceration of Impetigo, should distinguish it from the large conical pustules, with a papular base, the dry brown crust, the remaining livid tubercle and induration, and deep seated inflammation of Sycosis.

The elementary form of the eruption which may be found usually, and at all events the history of the

case and the locality, are sufficient to distinguish Impetigo from Pemphigus, with which it is said it has been confounded in some of its stages.

The cup-like yellow scabs, with the central hair, the contagiousness and permanent baldness of Favus distinguish it from the thick, granulated, amorphous, friable scab of Impetigo, which besides is not contagious, nor followed by permanent baldness.

PROGNOSIS.

Impetigo, though not fatal, is a very offensive and disgusting disease, and, when neglected or improperly treated, often becomes very obstinate and unmanageable, though when proper general and local treatment is instituted at first, it usually yields without great trouble.

TREATMENT.

In the treatment of Impetigo it should never be forgotten that it more frequently, perhaps, than any other cutaneous affection, seems to be in a measure vicarious of some other disease, so that any successful attempt to arrest or repel it, by stimulating or astringent local remedies, is often to be regretted. Any such attempt should be made with great caution, and the state of the brain, thoracic and abdominal organs should be carefully watched.

The treatment of Impetigo is very similar to that of Eczema; in the inflammatory stage, the antiphlogistic treatment, by cathartics, by local or even general blood-letting, and a spare diet, is required; at the same time emolient poultices, or, what is more cleanly, warm water or milk and water dressings, anodyne fomentations, and soothing, mucilaginous or alkaline washes should be applied. As the severity of the inflammatory symptoms abate, the treatment should be changed; mild laxatives or alterants, sub-tonics, and a more nutritious, though mild diet should be substituted for the depleting measures of the first stage. As a laxative, probably no one answers the purpose as well as some Calomel or Blue Mass, followed by one of the neutrel salts in a mild bitter infusion; as an alterant, Plummer's Pill, minute doses of Corrosive Sublimate in the Decoction of Sarsaparilla, minute doses of Tartarized Antimony, of Arsenic, of the Kermes or Æthiop's Mineral have been highly recommended. As a tonic, choice may be made of any of the bitter infusions with the mineral acids.

The soothing local treatment, recommended for the first stage, should not be continued too long, as it has a tendency to relax the vessels and reduce the tone of the part, and thus protract the eruption. The applications should be changed for those slightly astringent, tonic or stimulant. Some of the stimulant ointments, or washes answer the purpose well. Of course before any local application is made, the crusts should be carefully removed by the application of alkaline washes, fomenta-

tions, &c.; and, during the whole treatment, nothing is so essential as cleanliness. The part should be thoroughly cleansed daily, and in many cases oftener, with Castile soap and water. Almost any of the local applications recommended will be of more injury than benefit, if they are not carefully removed daily, by gentle, but persevering washing; this is especially necessary where ointments are used, as they, by exposure to the heat and air, become irritating. In *Impetigo Capitis*, the hair should be cut, so that the part can be kept perfectly clean, and sometimes, even in very chronic cases, this alone will effect a cure. One of the best local applications is the Citrine Ointment diluted with several parts of simple Cerate. Some of the Sulphurous Washes are spoken highly of; Thompson recommends the Hydrocyanic Acid properly diluted; a weak solution of the Sulphate of Iron, of Alum, or of the Nitrate of Silver is also useful.

Where, under these means, *Impetigo* proves troublesome and obstinate, as it must be confessed it often does, Green recommends very highly the use of the sulphur fume bath, preceded by bleeding; and he says that, "even though there were much diffuse and vivid redness, and a plentiful crop of pustules, I have found the sulphur fumigatory mode of treatment to prove of the greatest advantage. This would not at first be supposed; but the sulphur seems to have a sedative and most advantageous effect, both in forwarding the disease to the crustaceous and squamous state, and in diminishing the itching and acrimonious discharge which is often so profuse."

In very chronic cases, Fowler's Solution sometimes succeeds where other means have failed. The same may be said of Tincture of Cantharides, and Corrosive Sublimate.

FAVUS.

SYN.—*Tinea*; *Tinea Maligna*; *Porriigo*; *Teigne Faveuse*,
of Alibert.

THIS very remarkable affection does not properly belong to the pustular order of cutaneous diseases, but should be placed with Sycosis in a distinct order, on account of their vegetable origin. In conformity, however, with general usage, as well as from the fact, that future investigation may not confirm the recent theories of the pathology of Favus, it will be described in this order.

This disease is characterized by the formation in the hair follicles of the skin, of a peculiar yellow substance surrounding the hair. This substance at first is not elevated above the surface, but by accumulation it increases in size, and rises above the skin in the form of dry, yellow, cup-like crusts, depressed in the centre, with an inverted edge and a central hair; as this accumulation proceeds, the crust extends in depth and is very adherent to the skin, and when removed, the hair is often found loose, so that permanent baldness is the result. It is of a highly contagious character, but like all contagious diseases, it does not attack all exposed to it with equal certainty or severity. When several of these cup-like

crusts are formed near each other, they, by their union, form a scab much resembling a full honey comb, hence its name, Favus. After being for a time exposed to the air and light, the crusts become of a paler color, and more friable and brittle.

The ordinary age for the appearance of this disease is infancy, and its usual locality is the scalp, though it sometimes extends to the face and neck, and in some cases has been general. When it attacks other parts of the body besides the scalp, it affects by preference the posterior surface of the trunk and the extensor surface of the limbs; it is always accompanied by considerable itching, though at first there is commonly but little inflammation. The crusts are at first very small, but gradually increase, till, in some cases, they are said to be an inch in diameter; they are very permanent, and if undisturbed will sometimes remain adherent for months and even years. Eventually they become dry and brittle and crumble to pieces, while, at the same time, they may be extending in depth through the skin, so as sometimes to involve the pericranium, and give rise to abscesses beneath the scalp, and in rare cases to affect the bones themselves. When these scabs are removed, they are renewed, but not with their characteristic cup-like form. The eruption is successive, and thus its peculiar characteristic crusts are found in almost every stage of the disease.

The disease is rarely accompanied with any distinct constitutional symptoms, except such as arise from the itching and irritation. There is a peculiar and charac-

teristic odor arising from the eruption, especially where cleanliness is not most scrupulously observed; this odor has with great reason been likened to the urine of cats, or still better, to the smell from mice-nests. If the greatest attention be not paid, pediculi are generated in incredible numbers and much aggravate the symptoms.

Two varieties of *Favus* have been described; *Favus Dispersus* and *Favus Confertus*; they are identical in their nature, but differ in their form and appearance.

In the first variety, *Favus Dispersus* or *Porrigo Lupinosa*, the *Favi* are scattered irregularly over the scalp or face, and present the most perfect specimens of the cup-like scab, so characteristic of this disease. In this variety the *Favi* are not so uniformly confined to the head, but are occasionally general over the whole body.

In *Favus Confertus*, *Porrigo Scutulata*, *Tinea Annularis*, the scabs are much more frequently confined to the scalp, though sometimes found upon the face and neck, very rarely on any other part of the body. In this variety the disease commences in inflamed patches which become covered with crusts, but, from their number and contiguousness, the *Favi* cannot be developed into the irregular umbilicated crust of *Favus Dispersus*. These patches, at first nearly circular, increase in size till they coalesce, and form a crust for the whole scalp, with an irregular, wavy edge, formed from the smaller circles running into each other. These circular crusts are often amorphous in their appearance, but when removed, the inflamed skin beneath shows the yellow points of the distended hair follicles, from which the matter has been

forced out. In both varieties of Favus the hair follicles are generally destroyed, and baldness follows, which is almost always permanent, though occasionally the hair sprouts again.

CAUSES OF FAVUS.

Favus is a highly contagious disease, and great care is necessary to prevent its communication by means of a common towel, comb, &c. Alibert reports some cases which would indicate that the disease is at times hereditary. Children are more exposed to it than adults, though it has been found at every age. While no doubt of its contagiousness exists, some are much more liable to contract it than others; children of a lymphatic or scrofulous temperament, ill-fed and clad, living in low, damp, confined situations, in filth and neglect, are the more frequent subjects; in such situations, occasionally, sporadic cases of the disease occur without any direct exposure to infection.

Much light has been thrown upon its origin and contagiousness by the recent discoveries of Remak, Schœnlein of Zurich, and especially by Gruby of Vienna; according to the investigations of these gentlemen, these crusts consist of a fungoid vegetable, similar to mould; minute descriptions and drawings of this plant have been made; the size and form of its roots and branches have been defined, and it is stated to belong to the genus, *Mycodermis*. Dr. Gruby states that after numerous unsuccessful experiments to inoculate animals, insects, birds

and himself, that the growth was reproduced upon a cryptogamic plant.

As has been well observed by Dr. Carpenter in his excellent Physiology, that while microscopic anatomy has proved that the origin of organic life exists in a single cell, the distinguishing marks, between primitive cells of animal and vegetable organization, have not yet been ascertained, and in the obscure form of parasitic life discovered in Favus, it may hereafter be proved that it is not of a vegetable nature. Wilson, in his very scientific treatise upon Cutaneous Diseases, thinks it may hereafter be found that this disease is not a parasite at all, but a "growth from morbidly developed epidermic cells of the hair follicles, or from the corpuscles of the sebaceous substance," so that notwithstanding the evidence at present seems to be in favor of its vegetable parasitic origin, it can hardly be said to be proved.

PROGNOSIS.

The prognosis of Favus, if left to itself, is unfavorable, for though occasionally spontaneous cures take place, they are not sufficiently frequent to permit us to trust to them, and if it be allowed to run on, the most disastrous consequences may be the result. This disease, when severe in children, and not arrested, is found to stunt the physical and intellectual development, so that besides the more obvious evils, such as abscesses under the scalp, suppuration of the occipital and cervical glands, ulcera-

tion of the skin extending to the pericranium and even to the bone, with the subsequent permanent baldness which are all liable to occur, we have also to dread enfeebled intellect, arrested growth and premature old age as occasional consequences of this disease. Notwithstanding the best directed remedies, Favus is sometimes obstinate and rebellious for months or years, and even absolutely incurable, though fortunately such cases are very rare.

DIAGNOSIS.

Favus has been confounded with Eczema and Impetigo; such a mistake is unnecessary, unfortunate and inexcusable. The cup-like, uninflamed crusts with a central hair of Favus Dispersus,—or the circular patches thinnest in the centre, about the circumference of which are the small, yellow, unelevated points, from which the matter of Favus exudes, as seen in Favus Confertus,—its well marked contagiousness, its characteristic odor,—the diseased, shriveled, twisted, loosened hair,—the subsequent permanent alopecia, should not be mistaken for the non-contagious elementary vesicle of Eczema, with its inflamed base, its laminated scab, healthy hair follicles and only temporary baldness. And these characteristic marks of Favus, should distinguish it from the small, transient, elementary pustule of Impetigo, non-contagious, followed by the thick, semi-transparent, amorphous crust, so rapidly renewed when removed; also, the very adherent scab, its very slow growth, and the

deeper affection of the integuments in Favus, will also aid. In very chronic cases of Favus, where the form of the crust has been lost, and where there is still doubt, and we are unable to learn from the patients, or the friends, the original form of the eruption, the recommendation of Gibert is a good one; this is to remove the crust by alkaline washes and emolient poultices, having cut the hair as close as possible with scissors, and then to watch the appearance and progress of the disease; and then in case of Favus the small unelevated points from which is gradually poured out the material of the characteristic crust, can be distinguished easily, from simple superficial excoriation of Eczema or Impetigo.

TREATMENT.

The principles of the general treatment of Favus are very simple; as before observed, the disease attacks those who are naturally of a weak, debilitated, scrofulous or lymphatic constitution; and even when the constitution seems to be naturally sound, a depraved state is induced by the disease, and for this reason, the general health should always be attended to in the treatment of this affection. The general condition of the patient should be improved as much as possible by fresh air, wholesome food, and by the use of alterants, tonics, laxatives, &c., as the case may require.

In the local treatment of Favus, nothing is of so great importance as cleanliness; and there is no doubt, that

many specifics owe their reputation for success in the treatment of Favus, to the attention to cleanliness that is simultaneously practiced. All sources of local irritation should be removed; the crusts should be softened by the application of warm water dressings, vapour douche, emolient poultices, &c.; one of the most efficacious modes of accomplishing this, is to place upon the head cloths wet in weak lye or solution of soda, and have these dressings covered with an oiled silk, to prevent evaporation; the crusts will soon soften and be easily removed; the hair should be cut short, and where the disease is not extensive, after the crusts have been removed, the loose hairs should be extracted with tweezers; the hairs, whose roots are diseased, are loose and act as foreign irritating bodies, and must be removed; this process is not as tedious as would be expected by those who are unaccustomed to it, and, when the disease is confined to a small region, can be readily accomplished. When the disease is too extensive to allow such a course, the purpose can be attained by the gentle but prolonged use of the fine tooth comb; this should be done at least once and sometimes twice daily, and should never be neglected. The head should at each dressing be well washed in warm water with Castile soap; by persevering in this treatment, most cases of Favus may be cured.

If this course do not succeed, the treatment recommended by Mr. Plumbe is probably as good as any other; it consists in applying very finely pulverised Sulphate of Copper to the scalp, after it has been thoroughly cleansed, and washing it off again with simple water. Instead of

the Sulph. of Copper, the solution of the Sulphate of Zinc, of the Nitrate of Silver, or of the Bi-Chloride of Mercury, is probably equally efficacious; the object to be attained is the destruction of the germs of the disease, whatever they may be, whether parasitic or not. Some of the stimulating ointments are useful for this purpose; that of the Ioduret of Sulphur has been very highly recommended.

The brothers Mahon, who treated an almost incredible number of cases of this disease, and with great success, besides the utmost attention to cleanliness, and to the removal of the loose hairs, made use of some very stimulating and caustic applications, professedly to act as depilatory. These depilatories are believed to owe their efficacy to the presence of quick lime and potash, and a variety of imitations have been made, some of them quite as efficacious as the real. After the removal of the loose hair and crusts, these depilatories are to be applied daily for several weeks; and though not essential in the treatment, they probably somewhat promote the cure.

Iodine in the form of Tincture, or a caustic solution of Iodine with the Hydriodate of Potass in water, has been used by some and recommended; the Nitrate of Mercury dissolved in Nitric Acid, applied by a camel's hair pencil, has, in the hands of Divergie, been found very efficacious; the crusts change color, and in a week fall off and leave the skin beneath healthy.

As in most other obstinate diseases, a crowd of remedies have been recommended as infallible in Favus, and where other remedies have failed, it may be worth

while to try them in turn ; among these the Hydrocyanic Acid, the concentrated Acids, as the Sulphuric, Nitric and Muriatic, Turpentine,—Ointments made of Tar, of Black Pepper, Iodine, Cantharides, Sulphur,—the Sulphur Vapor,—Solutions of the Nitrate of Silver, Sulphates of Zinc, of Copper and Iron,—Calcined Alum, and a host of other remedies might be enumerated.

GROUP 2nd.—DRY DISEASES.

ORDER 4th.—EXANTHEMATA OR RASHES.

IN this order are comprised those dry eruptions of the skin, characterized by an inflammatory redness, which is usually superficial and disappears upon pressure; this redness may affect the whole surface, but more frequently appears in points or spots, of variable size and shape, usually with intervals of healthy skin; it commonly terminates in resolution with or without exfoliation of the epidermis. This exfoliation may be local and take place in fine scurf or scales, or it may be a general but successive desquamation, as in *Scarlatina*.

There are six diseases belonging to this order, viz: *Rubeola*, *Scarlatina*, *Erysipelas*, *Erythema*, *Roseola* and *Urticaria*. Of these, *Rubeola* and *Scarlatina* are contagious fevers, of which the eruption is only a symptom; they depend upon some unknown poison, and the patient is very rarely liable to a second attack. *Erysipelas* is often epidemic and sometimes contagious, not, however,

protecting the patient from subsequent attacks. The three remaining diseases, Roseola, Urticaria and Erythema, are sometimes associated with, and probably dependent upon, some gastric, intestinal or pulmonary mucous irritation, though often no tangible cause can be assigned for them; they are not contagious, rarely epidemic, and one attack affords no protection against others; they commonly last from some hours to some weeks; sometimes they become chronic or intermittent, especially Urticaria; and though any of them may occur in fatal diseases, they are neither painful nor dangerous.

All the Exanthemata, except Erysipelas, are more common before, than after, the middle of life. Their anatomical seat seems to be primarily in the superficial parts of the skin, though sometimes the whole skin is involved, as in Urticaria and Scarlatina; and the inflammation may extend to the sub-cutaneous cellular tissue, as in Erysipelas. With the exception of Scarlatina and Rubeola, they sometimes seem strictly local, but they are often preceded or accompanied by some slight constitutional disturbance, as furred tongue, irregular chilliness, thirst, fever, loss of appetite, &c. The Rashes complicate most of the other diseases of the skin, but when by themselves the diagnosis is usually not difficult; they are to be distinguished from the Maculæ by disappearing upon pressure.

Exanthemata, in common with all other cutaneous inflammations, are accompanied with more or less swelling, which is owing to the greater amount of blood

contained in the vessels,—to the effusion of the serum out of the vessels into the areolæ of the skin, as in Scarlatina, and in the bite of insects &c.,—and to the effusion beneath the epidermis and into the subcutaneous cellular tissue, as in Erysipelas.

ROSEOLA.

SYN.—*Rose Rash*; *Rubeola Spuria*; *Rosalia*.

Willan described four general idiopathic varieties of Roseola viz. *Roseola Aestiva*, *Infantis*, *Autumnalis* and *Annulata*; he also mentions three symptomatic varieties viz. *Roseola Variolosa*: *Vaccina* and *Miliaris*; and three others have since been added viz. *Rheumatica*, *Arthritica*, and *Cholerica*.

ROSEOLA AESTIVA.

This is a non-contagious, transitory rash of a bright rose colour, affecting a part or the whole surface of the body, appearing commonly in irregular patches, not elevated above the surface, of an imperfect circular form, terminating in resolution, with a furfuraceous desquamation. Roseola is often preceded by more or less constitutional disturbance, as irregular chilliness, fever, thirst, anorexia, headache, nausea, &c.; these symptoms are usually followed after a time, varying from some hours to several days, by a rash, commonly commencing on the face and neck, and gradually extending to other parts of the body; the fever may or may not subside upon the appearance of the eruption; there is usually some itching, and there is often

some mucous irritation in the throat. The course of the disease is very irregular; in some cases it disappears suddenly, with or without a disposition to return; the usual duration of the rash is about four or five days.

ROSEOLA AUTUMNALIS.

This is a milder variety in every particular, and is not usually preceded or accompanied by any sensible fever; it appears commonly upon the legs and arms of children during the autumn. The patches are smaller and of a darker colour than in the last variety. It is altogether a trivial affection, lasting a week or so, with little local irritation, and terminating by slight desquamation.

ROSEOLA ANNULATA.

This variety does not differ essentially from *Roseola Æstiva*. The patches are circular, and the centre is often healthy, so that they form rings of various sizes, from a quarter of an inch to one or two inches in diameter. It appears upon children and delicate women, sometimes preceded by fever, and is accompanied by considerable itching, especially towards evening. This variety is very liable to be chronic in its course and to last with intervals for months or years. It is confined to no part of the body, and is of the same colour as *R. Æstiva*.

ROSEOLA INFANTILIS.

This is a very variable form of the disease, appearing usually upon children during dentition. The patches are more irregular in their form than in the other varieties of Roseola. It is almost always more distinct towards evening. It is very evanescent, disappearing and reappearing with great rapidity. It is often accompanied by some gastric or intestinal irritation.

Roseola Variolosa and *Vaccina* are the rashes that succeed inoculation of the Small and Kine Pox, and any description of them here would be out of place. Towards the close of some fevers a bright red rash appears, accompanied by vesicles, and has been described, as a separate variety, under the name of *Roseola Miliaris*. *Roseola Arthritica* and *Rheumatica* are names given to a rash, which appears in patches, usually on the limbs, preceding or accompanying acute inflammatory Rheumatism; and by *Roseola Cholericæ* is designated by Rayer a rash, which appeared upon delicate patients affected with the Asiatic Cholera in Paris in 1832.

DIAGNOSIS.

Roseola may be mistaken for Erythema, Rubeola and Scarlatina. From Erythema, it can often be distinguished by its patches being smaller, more numerous, of a brighter rose colour, less permanent and more superficial.

Roseola is not so frequently symptomatic of internal irritation as Erythema. The diagnostic marks of these two eruptions, in some of their varieties, are not always distinct, and fortunately an error in diagnosis is not of any great practical importance, and it is to be regretted, that so wide a distinction should be maintained between two diseases, essentially the same in their pathology, symptoms, etiology and treatment; the authority of Willan has perpetuated this distinction. Rayer has well observed however, that Roseola is attended with more fever, and resembles the special eruptive fevers much more than Erythema.

From Measles it is to be distinguished by the general symptoms, viz, the fever, cough, injected Conjunctiva, contagious character, more regular course, and by the crescentic form of the eruption that is found in Rubeola. Still the diagnosis here is not always easy, and there is little doubt, that in most of the cases where a patient is alleged to have had the measles more than once, there has been a mistake in the diagnosis; Rosen de Rosenstein affirms, that in a practice of forty-four years, he never saw Measles occur twice in the same individual; and Morton, notwithstanding his great experience, never saw but one case.

The violent fever, greater severity of the disease, the inflamed and ulcerated fauces, the intense heat, the peculiar odor, and the deeper tint of Scarlatina will serve to distinguish it from Roseola. In Scarlatina also the eruption in general, and not in patches, as in Roseola. Many cases of error in diagnosis undoubtedly take

place, and in those instances where a patient is supposed to be effected with Scarlatina a second time, we may well suspect the correctness of the diagnosis; patients however more frequently suffer from a second attack of Scarlatina, than of either of the other eruptive fevers.

CAUSES.

The most common are dentition, irritation from improper food, certain medicines, the Balsam of Copæva especially, and mucous irritation in the lungs, stomach, or intestines. It is more common in children, youth and females, and in the warm season of the year; it is at times excited by emotions of the mind, and it sometimes prevails epidemically. In many cases, however, its causes are very obscure.

TREATMENT.

Very little treatment is required for this disease; the abstraction of all exciting causes, with mild laxatives, rest, and a light diet will usually suffice to cure it. When chronic, a tonic course with mineral acids, cold bathing, &c., is required.

URTICARIA.

SYN.—*Nettle Rash*; *Uredo Porcelana*; *Febris Urticata*; *Essera*; *Eranthemata Urticatum*; *Urticaire*; *Cnidosis* of Alibert.

URTICARIA is a non-contagious rash, characterized by patches of skin slightly elevated, hard, usually circular, though sometimes elongated as if from a blow of a whip; they are sometimes irregular, and varying in size from a split pea to an inch in diameter. These patches are frequently whiter than the neighboring skin, though sometimes of a bright rose red; they may be with or without any areola; the eruption varies in its duration from a few hours to some months; it is accompanied by great itching and local heat, and may appear with or without fever and symptoms of general irritation, and often recurs more than once in the same individual.

Willan distinguished six varieties of Urticaria, viz. *Urticaria Conferta*, *Febrilis*, *Evanida*, *Perstans*, *Subcutanea*, and *Tuberosa*. Rayer divides Urticaria into two varieties only, viz. the Acute and Chronic; this, for practical purposes, would be the most convenient, if the distinguishing marks of the two varieties could be well defined. To prevent the confusion from the changing of names, already too much multiplied in cutaneous diseases, the division of Willan has been retained.

URTICARIA FEBRILIS.

Here the eruption is preceded by fever, constitutional disturbance, nausea, cephalalgia, furred tongue, lassitude, precordial oppression, with slight acceleration of pulse, especially towards evening, when the rashes are almost always worse. The eruption is usually red, and the local irritation is severe and much exasperated towards evening. The general symptoms almost always disappear immediately upon the appearance of the eruption. The duration of this variety is from a week to ten days, and it is followed by a furfuraceous desquamation. When it attacks children, during dentition, it is sometimes very troublesome, appearing and disappearing very suddenly; when the eruption is out, the child appears well, but tormented by the heat and itching; and when the eruption suddenly disappears, the child is oppressed, irritable, and may exhibit symptoms of cerebral, pulmonary, or intestinal irritation.

URTICARIA CONFERTA.

This is a more chronic form of the eruption, and often continues for weeks. The patches are not as salient as in the last variety, but are harder, more numerous, deeper and frequently coalesce; the skin becomes inflamed and swollen, and the itching, tingling, smarting, and heat are very severe, with well marked evening exacerbations.

URTICARIA SUBCUTANEA.

This is a very rare variety, and the disease is not always accompanied by the eruption; instead of the itching, heat, &c. so severe in the preceding varieties, we here have a deep-seated, shooting pain; the wheals, when they appear, are few, deep seated, not prominent, nor hard. Grief and the depressing passions, and sudden changes of temperature are the causes of this variety, as mentioned by Willan. Its more frequent locality is upon the lower limbs, and it will continue for a considerable time with only here and there an inflamed patch, resembling the wheal of Urticaria. The propriety, of making this neuralgic disease a separate variety of Urticaria, has been disputed.

URTICARIA TUBEROSA.

This also is a rare variety of this affection; it occurs generally in broken down and debilitated constitutions. It is the most severe and obstinate variety. Deep seated tuberosities suddenly appear at evening or during the night, usually upon the limbs, involving the muscles, and impeding motion, accompanied by severe shooting pain, and stinging; these disappear in a few hours, leaving the patient exhausted and sore, as if beaten. Willan had a case that lasted for two years, and Biett cured a case of four years' standing, with Fowler's Solution. It sometimes complicates Intermittent Fever.

URTICARIA EVANIDA.

This is also a very chronic variety, lasting, with intervals, for months or years. The patches are rarely circular, but elongated like the wales from a whip; they are very changeable in their appearance and locality; disappearing suddenly, to re-appear as suddenly, upon the same, though more frequently, upon some other part; these wheals are not always salient, and are sometimes of the natural color of the skin; they are however accompanied by the severe itching and heat of the other varieties; the exacerbations, at evening and after getting warm in bed, are very severe. This variety may be confined to a single limb for months, but such instances are rare.

URTICARIA PERSTANS.

The distinguishing feature of this variety is, that the eruption, instead of changing and disappearing and re-appearing suddenly, is permanent for some weeks, though the redness that accompanies the eruption usually fades. In its other symptoms it does not differ from the last variety.

Besides these varieties described by Willan, another has since been added, and called by Wilson, *Urticaria ab Ingestis*. It is produced by unwholesome articles taken as food, and is one of the symptoms of poisoning by these articles. Shell fish, fresh mackerel, raw crude

vegetables, as the unpared cucumber, partially decayed fruits, &c. are some of the articles which most frequently excite it. The symptoms are sometimes severe, and the disease has been fatal. It usually subsides soon after the noxious matter is removed from the digestive organs.

CAUSES.

Urticaria is often symptomatic of mucous irritation, especially of the intestines, and, as has been already mentioned, it is frequently caused by the use of irritating aliments, vinous drinks, poisons, medicines, &c. Occasionally we meet with individuals, who cannot eat some particular article of food, without being attacked by it. Many strange idiosyncrasies of this kind are on record. Strong mental excitement, protracted grief, violent and unusual exercise, will sometimes excite it in a susceptible individual. When a patient is troubled with it, new wheals can often be excited at will, by rubbing, pinching or scratching the skin. Intermittent fevers are accompanied by it, as is also Rheumatism, though the other Exanthemata more frequently accompany this last; it is more common in children and in females than in adult males; old men especially are seldom troubled with it; it is more common in summer than winter, though, with some individuals, exposure to cold induces it; it is said, at times to be hereditary.

DIAGNOSIS.

Urticaria may be mistaken for the eruption arising from the sting of insects or nettles, for Lichen Urticatus, and the tuberoso variety may be taken for Erythema Nodosum. From the sting of nettles, Urticaria may be distinguished by the history of the case and the changeableness of the eruption; in Lichen Urticatus the papules are less prominent, smaller, more permanent, round and red than in Urticaria; in Erythema Nodosum the patches are redder, more permanent, less painful and not transitory as in Urticaria Tuberosa.

PROGNOSIS.

Urticaria, though sometimes an obstinate eruption, is not a dangerous disease, and, in most cases, persevering judicious treatment will cure it. The tendency to repeated attacks is the most discouraging feature in the disease.

TREATMENT.

After the abstraction of all exciting causes, in the acute form of the eruption, mild aperients, with cool, diluent drinks and antacids, are usually all that is required to quiet the disease. To soothe the itching and heat, cool acidulated washes, or alkaline washes, Solution

of the Acetate of Lead in cold water, or the application of wilted leaves, that are large and glabrous, succeed best. When caused by irritating substances in the intestinal tube, it should be evacuated by emetics and cathartics. In severe cases, in plethoric individuals, venesection may be required. In chronic cases, especially in Urticaria Evanida, where there is a tendency to a frequent return of the eruption, bathing in cold water or salt and water, sea-bathing, and a general tonic course with mild aperients, a mild abstemious diet, and avoiding all violent exercise, exciting passions, heating drinks, &c. will be found necessary for a cure.

Where the eruption puts on an intermittent form, the use of Arsenic or Quinine may be required. Recourse must, at times, be had to opiates to allay the irritation, so as to enable the patient to sleep, but sponging the body with cold, salted, acidulated, or alkaline washes, will, in most cases, answer this purpose. In every case it is prudent to avoid all causes that could possibly excite the disease, and to persevere in a rigid diet, for some time after the disappearance of the eruption.

ERYTHEMA.

SYN.—*Maculæ Volaticæ; Tooth Rash; Intertrigo; Inflammatory Blush; Dartre Erythemoide* of Alibert.

ERYTHEMA is a non-contagious rash, characterized by patches of a red color, superficial, irregular as to the size and extent, generally more extensive than in Roseola, accompanied by heat and itching, commonly with little or no fever, terminating in resolution, with or without desquamation. Upon the first appearance of the eruption, the dermis is commonly a little swollen, but this subsides, while the redness still remains.

Nine varieties have been distinguished, viz : *Erythema Fugax, Marginatum, Papulatum, Tuberculatum, Nodosum, Læve, Intertrigo, Centrifugum* and *Acrodynamicum*.

ERYTHEMA FUGAX.

This variety is often only a symptom of some internal phlegmasia, especially of the mucous membranes; it appears in the course of some fevers, some chronic diseases, during menstruation, pregnancy, &c., in the form of diffuse, red spots, superficial, transient, unaccompanied by swelling, irregular in their size and shape,

with ill defined edges, with slight heat and dryness of the skin, disappearing after a few days, more frequently with, than without desquamation; it is more common in children and in females.

ERYTHEMA MARGINATUM.

In this variety the rash appears usually in irregular, rounded patches, of a deep red color, usually larger than in the last variety, few in number, scattered here and there over the body, though more frequently upon the extensor surfaces, with a distinct, elevated, tortuous edge, slightly rough and papular. It is unaccompanied by fever, is protracted in its course, attacks principally the aged, and is generally associated with some internal disease.

ERYTHEMA PAPULATUM.

Here the eruption usually attacks women and the young; the patches are small, usually not more than one-fourth of an inch in diameter, numerous, very irregular in their distribution, sometimes conglomerated, sometimes distinct, somewhat circular in shape, slightly elevated and papular, of a bright red color at first, which changes gradually to a livid, especially in the centre of the patch. The elevation subsides in two or three days, while the discoloration lasts for as many weeks; the patches are followed by a slight desquamation. This

variety is often preceded by slight constitutional symptoms, as furred tongue, anorexia, slight fever, &c. Like the last variety, it often accompanies some general disturbance, as Rheumatism, menstruation, mucous irritation, &c. Where the patches run together, they form large, irregular blotches; the redness, in the early periods of the eruption, entirely disappears under pressure.

ERYTHEMA TUBERCULATUM,

This is a more severe and protracted disease than the last. The papules, instead of disappearing in the course of one or two days, remain, increase in size, and become larger and continue for a week or more. This variety is ushered in frequently by more severe constitutional symptoms, as fever, irregular chills, followed by depression and languor. It occurs principally in debilitated and worn out constitutions.

ERYTHEMA LEVE.

This variety is seen upon the limbs, especially the lower, where it is often associated with anasarca. The skin is red and shining, and the eruption is accompanied by heat, itching and sense of tension. It occurs generally in debilitated constitutions. It is also present, at times, with mucous intestinal irritation, menstruation and pregnancy. It sometimes appears at first about the

arkles, with considerable pain and swelling; the patches are small at first, and few, but they continue for several days, gradually increasing, till at last they may suppurate, become gangrenous, degenerate into Erysipelas, or terminate by resolution, followed by desquamation; the last is the most frequent result.

ERYTHEMA NODOSUM.

This variety is not uncommon among females and children of a lymphatic temperament, or debilitated constitution; it attacks the limbs, especially the lower, and is preceded and accompanied by considerable constitutional disturbance; it appears in the form of hard, oval patches, of an inch or two in diameter, elevated towards the centre, involving the whole skin and sub-cutaneous cellular tissue, is of a red color at first, gradually becoming livid, like a bruise; the swelling increases in size, is painful, throbs, and threatens suppuration; the tumor, however, by degrees softens, and becomes doughy to the feel, as though it contained pulpy matter, and, after eight or ten days, disappears by resolution, followed by desquamation.

ERYTHEMA INTERTRIGO.

This variety occurs commonly in fat children and females, with delicate skin; instances of it are occasionally seen in males. It usually arises from the chafing of the

dress, and especially from that of two surfaces of the skin, as below the chin, beneath the mamma, in the axilla, between the thighs, in the groin, and around the umbilicus; this chafing, especially if united with want of cleanliness, produces irritation, accompanied by redness, heat, with little or no swelling; there soon follows an irritating sero-purulent exudation, of a sickening odour, succeeded by abrasion of the cuticle, and thickening and chapping of the skin. The same results follow from irritating discharges, as upon the upper lip from Coryza, upon the cheek from the escape of tears, obstruction of the lachrymal duct, and betwixt the thighs, from irritating discharges from the vagina or rectum.

ERYTHEMA CENTRIFUGUM.

This variety was first described by Bielt. It is a very rare form of Erythema, commencing in a papule, usually upon the face, which gradually extends till it nearly covers the face; the edges are salient, and the centre slightly depressed and healthy, with the appearance of a slight cicatrice. There is usually considerable heat and redness attending this variety; sometimes a number of these patches run into each other, and form irregular, broken, arcs of circles, of various diameters.

Sometimes Erythema appears in the form of complete circles, with the centre entirely healthy. This has been described by recent authors, as a separate variety under the name of *Erythema Circinnatum*. This and the last

variety are to be distinguished from Herpes and Lichen, by the elementary form of the eruption.

ERYTHEMA ACRODYNUM.

Erythema prevailed, in an epidemic form, in Paris, in 1829, and ten thousand individuals were attacked. It was preceded, for several weeks, by general symptoms, as headache, nausea, diarrhœa, &c. The rash made its appearance in the soles of the feet and palms of the hands. Adult male subjects were attacked. Rayer and Schedel have given particular descriptions of it, under the name of Erythema Acrodyum.

In individuals exposed to irritating influences, as masons, smiths, grocers, those exposed to great heat, as forgers, cooks, &c., are frequently subject to a very obstinate and chronic form of Erythema, upon the hands; the same appears upon the feet, where they are not protected by shoes and cleanliness. The same chronic form is seen about the mouth, nose, the nipples of nursing females, especially with their first child, about the vulva, anus, prepuce, &c.; the skin becomes dry, harsh, and inflamed, fissures occur, and the affection is very rebellious and obstinate under any mode of treatment. It often continues, with intervals, for months or even years. This form of Erythema is often mistaken for Psoriasis, Lichen, and Eczema, from all which it is to be distinguished by the elementary form of the eruption.

PROGNOSIS.

In most cases of Erythema, the prognosis is favorable for a speedy cure; it is commonly an unimportant affection, disappearing with the cause which excited it. In cases of chronic Erythema, especially about the junction of the mucous membrane with the skin, where the disease has been of long standing, and without any appreciable cause, the prognosis should be cautious; such cases frequently resist all our skill.

CAUSES.

Besides those already mentioned, as irritating ingesta, dysmenorrhea, mucous irritation, external irritants, irritating discharges, rheumatism, chronic visceral disease, some fevers and want of proper attention to cleanliness, we knew but little of the etiology of Erythema, and we are not able to assign, in many cases, any satisfactory cause for it; it frequently precedes the eruption of Variola; it sometimes prevails epidemically; and, upon the whole, it is more frequent with females and children, and in the warm season of the year; it sometimes, especially the variety *E. Læve*, is excited by retardation of the venous circulation in the lower limbs; it is often seen upon the abdomen during pregnancy.

DIAGNOSIS.

Some of the varieties of Erythema have been mistaken for diseases belonging to the other orders of cutaneous diseases. Such a mistake is usually unnecessary, and can be avoided, by noticing the small, distinct, conical papule of Lichen, the vesicle of Eczema, and the flattened, scaly tubercle of Psoriasis. When any of these diseases have existed for a long time, and the skin has become dry and inflamed, altered in its texture and appearance, the distinguishing marks are lost, and a positive diagnosis may be difficult, if we cannot learn, by the history of the case, the elementary form of the eruption. This is to be the less regretted, as an error in the diagnosis in such cases is not often of great practical importance.

Erythema Papulatum is to be distinguished from Urticaria, by its smaller and less salient patches, by the absence of the characteristic itching, and by the deep livid or bluish tint, sometimes seen in the Erythema, never in Urticaria. In this last disease also, the eruption is more transient, irregular and changeable in its appearance, and is not confined to any part of the body. From Lichen we distinguish Erythema by the papules in the former being smaller, more permanent, more distinct, and never of so deep a color, which last also, subsides with the papules. In Erythema also, we have not the itching of the papular eruption, nor the same tendency to terminate in thickening, fissures and excoriations of the skin; these

fissures, &c., rarely occur in the Exanthematous diseases, except when they are found near the union of the mucous membranes with the skin.

The history of the case, the dull copper and greenish color, the long duration and absence of all local irritation distinguish syphilitic eruptions from Erythema. The distinguishing marks between Erythema and Roseola have been already given. From Erysipelas, Erythema is distinguished by the severe constitutional symptoms, the sharp burning pain, the deep seated inflammation, and tendency to ulceration, of the former disease.

TREATMENT.

When the eruption is symptomatic, the disease upon which it depends should be removed, and the rash will usually disappear. In most of the more transient and less severe cases, a mild unstimulating diet, with gentle and antacid laxatives, cold bathing, with or without tonics, as the case may require, will be found all that is necessary. The mineral acids are often the best tonics, as well as the most certain antacids.

In Intertrigo, great attention to keeping the affected part clean and dry, with the use of some absorbing powder, as the Oxide of Zinc, and rest, will usually be sufficient; in more protracted cases, alternating the use of the powder with the application of fresh and sweet cerate, or cold cream, will afford relief; at times, the occasional use of an astringent wash, as a weak solution

of Alum, or the Nitrate of Silver is required. In E. Nodosum, a more active anti-phlogistic treatment is often of service; more active cathartics, local or even general bleeding are often useful in this variety.

Erythema of the nipple is to be treated by the application of some astringent wash, as that of Alum, Sulphate of Zinc, Nitrate of Silver, Acetate of Lead, and especially by the use of Brandy, more or less diluted. None of these applications will succeed unless the greatest attention be paid to keeping the part perfectly dry and clean. The use of the nipple-shield will often give great relief; in some cases, however, nothing but weaning the child will succeed. Erythema Læve requires the limb to be kept elevated and supported by a bandage; astringent and tonic washes and rest will also assist.

Chronic Erythema is sometimes relieved by an alterative course of treatment, and the proper local applications; the best internal remedies are Plummer's Pill,—the use of the Æthiops and Kermes Mineral combined—and the Mineral Solution. The sulphur vapor bath is perhaps the most certain remedy. The chapping of the hands may be prevented by rubbing a minute portion of honey over them after each washing.

ORDER 5th.—PAPULÆ.

THIS order of Willan is characterized by small, hard, resisting elevations of the skin, which contain no fluid. The itching is more severe in the papular, than in any other order of cutaneous diseases, though it is not uniform.

Three diseases have been described in this order, Lichen, Strophulus, and Prurigo; the first two are now generally considered only as varieties of the same disease, and will be described under the name of Lichen; notwithstanding the great similarity and probable identity of Strophulus and Lichen, modified only by the age of the patients, yet on account of the variety that shows itself in Strophulus in children, it would perhaps have been as well to preserve the distinction of Bateman, and to consider the two as distinct diseases. Lichen and Prurigo do not differ more from each other, than the several varieties of the same eruptions are occasionally found to do, but in conformity with the universal custom of dermatologists, with the exception of Alibert, they will be described separately.

LICHEN.

SYN.—*Papula Sicca*; *Scabies Sicca*; *Scabies Agria*,
Scabrities; &c.

Lichen is a non-contagious eruption of small, hard, solid pimples or elevations of the skin, usually acuminate and grouped, generally accompanied by severe itching. The papules are sometimes of the same color as the skin, but more frequently they are slightly reddened; they commonly terminate by resolution and slight desquamation, sometimes in superficial ulceration. Lichen may be confined to a single portion of the skin, or it may be disseminated over the whole body. The most frequent locality of Lichen is upon the back of the hands, the elbow, fore-arm, face, and neck; it usually attacks the extensor surfaces, and is sometimes confined to them altogether, though one variety, Lichen Agrius, is found more often upon the flexor surfaces.

There are three general varieties of Lichen, *Lichen Strophulus*, *Lichen Simplex*, and *Lichen Agrius*; besides these, form, locality, and color have caused other distinctions; as *Lichen Circumscriptus*, *Gyratus*, *Pilaris*, *Lividus*, *Urticatus*, and *Tropicus*.

LICHEN STROPHULUS.

Lichen Strophulus is confined to infants, and usually occurs during dentition, and differs little from the other varieties of Lichen, except in the age of its subjects; Bateman treated of it as a distinct disease, under the name of Strophulus, and divided it into a great number of varieties, as *Strophulus Intertinctus*, *Confertus*, *Albidus*, *Volaticus*, and *Candidus*. Strophulus is commonly known among nurses as *Red Gum*, *Gown*, *Tooth Rash*, *White Gum*, &c.; varieties answering to all these names being often seen upon the same individual at once. Sometimes the pimples are grouped into patches of a vivid red color, some of them distinctly elevated above the skin, and others not at all;—*S. Intertinctus*. At other times the eruption appears in small, white, hard, prominent pimples, distinct and very permanent;—*S. Albidus*. Or the papules may be large, white, smooth, and shining, without any areola about them, and very distinct from each other;—*S. Candidus*; here though the pimples are occasionally scattered over the whole body, they are more numerous upon the loins and extensor surfaces of the limbs.

Sometimes this eruption appears in a more severe form; the papules are more numerous, smaller, crowded and confluent. The patch is red, though the color is less vivid usually, than in the preceding forms; yet it is frequently more permanent. This was the *Strophulus Confertus* of Bateman; it is not confined to any part of

the body, though it is said to be more frequent upon the face and fore-arm. It attacks children, usually from the fifth to the eighth month, and is sometimes accompanied by severe itching. It is generally not a very tedious disease, though occasionally it assumes a more severe and chronic form, attacking the legs, thighs, abdomen, &c., accompanied by considerable heat, irritation and swelling, the whole limb, or part affected, being of a nearly uniform red, and highly inflamed. The cuticle becomes in such cases, dry, harsh and cracks off in large scales, and occasionally, where two surfaces of skin are in contact, slight excoriations take place. When Lichen Strophulus appears in this form it is very rebellious, resisting treatment for months or years, successive papules constantly or occasionally appearing, and when apparently cured, suddenly reappearing. Even when Lichen Strophulus appears in this severe form, it is rarely accompanied with any constitutional trouble, except such as the itching and irritation occasion; it often occurs in very healthy and robust children, though frequently it occurs with intestinal irritation, and seems caused by it.

Sometimes, however, this variety of Lichen appears in a more severe form; preceded or accompanied by considerable fever, want of appetite, furred tongue, intestinal pains, disordered bowels, constituting the *Strophulus Volaticus* of Bateman. In this case however, the extent of the eruption bears but little proportion to the severity of the constitutional symptoms. The eruption generally appears in small circular groups, each patch containing from six to a dozen papules, inflamed, and of a vivid red

color; these last from four to six days, then turn brown and are followed by desquamation. These groups spring up successively, are not confined to any part of the body, and the whole eruption is generally acute in its character, subsiding after a few weeks. It corresponds with *Lichen Circumscriptus* of adults.

LICHEN SIMPLEX.

Lichen Simplex is characterized by the eruption of small, conical, distinct, hard, red papules with an inflamed base; these papules are more or less grouped, and may be scattered over one part of the body only, or may be general; they last a week or a little more, and then the inflammation subsides, the color fades and the eruption terminates in a slight desquamation. Successive eruptions are liable to occur, and the disease is thus maintained for months or even years; in such cases the disease often proves exceedingly obstinate, yielding to remedies upon one part of the body, only to appear elsewhere; and frequently, when we flatter ourselves that it is effectually cured, it suddenly reappears, either partially or generally, from some sudden atmospheric change, some error in diet, some violent exercise, and often without any appreciable cause.

Though this variety of *Lichen* is sometimes preceded or accompanied by constitutional irritation, fever, &c., yet, it is most frequently either free from all such disturbance, or it is very slight. In the chronic form, kept

up by successive eruptions, the papules are less inflamed, red and irritating, than in the acute form, but they are usually more permanent, and often occasion considerable thickening of the skin and repeated desquamation.

LICHEN AGRIUS.

Here the inflammation is more severe, the papules are small, numerous, grouped or confluent, conical, upon an inflamed base, and are accompanied by a most intense itching, and often by heat, sense of tension, and severe smarting, or even pain. The patient is unable to resist the disposition to scratch, the patches are torn by the nails, and exude a fluid resembling a mixture of lymph and serum, or serum and pus, and sometimes become the seat of ulceration. This exudation dries into a crust, which is not adherent, but is removed during the next severe paroxysm of itching, to be replaced in its turn, by another ; thus, the same patch may continue for months ; when, however, the inflammation does subside in these patches, the redness disappears, and the skin becomes soft and natural again, but new patches appear one after another, and thus the patient is tormented for years. Great alternations take place also in the same patch ; the inflammation subsides, the crusts become thin scales, the scales gradually become only a slight scurf, the thickness of the skin diminishes and it seems almost well, when suddenly the inflammation is rekindled, and very rapidly the eruption becomes as troublesome as ever.

The skin, which is the seat of this eruption, becomes much thickened, harsh and dry, and resembles the touch of fish skin from the numerous, small, elevated papules; deep fissures occur in this inflamed skin, especially in patches near to joints. This affected skin, after it has been apparently cured, is very liable to become the seat of a new crop of papules, upon any unusual irritation or excitement. As before said, this variety, unlike all the others, is more frequently found upon the flexor than extensor surfaces; and is more commonly found at the bend of the elbow, upon the fore-arm, inner side of the thighs, face, shoulders, &c. It may be confined to a single patch, though commonly there are many, and these patches may enlarge and run together, till a whole limb, or even a large surface of the body is covered with the eruption.

The smarting and itching come on by paroxysms, are generally worse towards evening, are much aggravated by stimulating food and drinks, by the heat of bed, by heating exercise, strong mental emotions, and are, at times, intolerable. The frequent relapses, which occur where a patient has been free from the disease for months, are very discouraging. When these clusters of papules get well, the cure commences in the centre and proceeds towards the circumference.

Lichen Agrius is often preceded by symptoms of a constitutional character, as furred tongue, fever, pain in the Epigastrium, thirst, nausea, &c., which generally disappear when the eruption is fully out; when, spontaneously or from local applications, the eruption suddenly

recedes, the same general symptoms frequently reappear. This variety is often the sequel of Lichen Simplex, and is usually nothing more than a chronic and obstinate example of that variety, the papules gradually becoming clustered and confluent, with an inflamed base; often, however, from the first, the eruption appears in the form of Lichen Agrius. It is more common with the healthy and robust, and especially before middle age.

LICHEN CIRCUMSCRIPTUS.

Here the papules are clustered together in circular groups or patches, very regular in their form, varying in size from one to two inches in circumference; these patches increase by the development of new papules upon the outer edge of the group, while in the centre the skin becomes healthy, and leaves only a ring of hard, conical papules, often, however, confluent. Usually there is less inflammation in this, than in either of the preceding varieties, so that the affected skin may be of a natural color; the edge of the ring is commonly very distinct, and its interior is the seat of repeated desquamation. The patches in this variety are often very permanent, and by their successive appearance, the disease may be protracted indefinitely; this form of the disease appears most frequently upon the knee, elbow, back of the hand, face and sternum.

LICHEN GYRATUS.

This is a very rare form of the disease, first described by Bielt; instead of being circular, the papulæ are here grouped, and arranged in an irregular curved and tortuous line or riband. Rayer has seen it form a sort of garland in front of the neck, extending under the chin from one ear to another, and Cazenave and Schedel mention having seen a case commencing upon the chest, and by a succession of papules, forming a line that reached the arm, following precisely the track of the Ulnar nerve, till it terminated upon the little finger.

M. Divergie considers this only as a variety of Lichen Agrius, which, he says, is presented under two forms, that of a circular patch, and that of a riband, which last he proposes to call Lichen Perpendicularis; he states, moreover, that this variety, Lichen Agrius, in both these forms, is distinguished from all other varieties, 1st. by the larger size of its papules, 2nd. its more severe pruritus, and 3rd. by the obstinacy of the disease, and its resistance to all remedial treatment. He also says that the lines are nearly straight, and not curved and wavy, as would be inferred from the term Gyratus.

LICHEN PILARIS.

When Lichen is found upon those parts of the skin provided with hair, the papules attack the follicles, and

each hair is surrounded by a pimple; the inflammation extends till the whole bulb is involved, and the disease becomes very chronic and obstinate, though it is seldom very severe.

LICHEN LIVIDUS.

When Lichen attacks feeble, debilitated and worn out patients, and the lower limbs are the seat of the eruption, it is accompanied by spots of Purpura. The papules are usually large, not hard and conical, as in the other varieties, but flattened, and of a dull red or livid color. Besides these livid papules, petechiæ are also found at the same time upon the limbs. This variety is accompanied with very little itching, and is more indolent and chronic than Lichen Simplex; besides the progress of the patches being slower, there is the same tendency to successive crops, as in the other varieties, and it is thus protracted for many months. Gibert relates a case where Lichen Lividus was developed upon the arms.

LICHEN URTICATUS.

In this variety of Bateman, the papules are larger than in either of the other varieties; they are either white, or surrounded by a faint red areola, and appear usually upon the face and neck of children and females; the pimples are clustered, and a remarkable peculiarity of the disease is the suddenness with which they appear and

disappear. In its whole character, it very much resembles *Urticaria*, from which it derives its name. It usually appears in spring or summer; the papules resemble the bites of some insect, and are sometimes mistaken for them. This variety is also maintained indefinitely by successive eruption, and while those papules that appeared first are desquamating, new ones are constantly making their appearance. This variety is most frequently preceded by some fever and general irritation, which subsides, in a measure, upon the appearance of the eruption, but is rekindled and is sometimes severe, when the papules suddenly recede.

LICHEN TROPICUS.

Any of these varieties of Lichen may, in tropical climates, be very much aggravated; the heat and itching are then described, by those who have experienced them, as intolerable. It has been described as a distinct variety, under the name of Lichen Tropicus or prickley heat. Dr. James Johnson, who, himself experienced it, has given a most vivid description of the torment he suffered. There seems little propriety in making it a distinct variety.

CAUSES.

Lichen is not confined to either sex or to any age, but instances of it are seen in the infant at the breast, and

in extreme old age. It is commonly worse in spring and summer, though sometimes the cold of winter seems to aggravate, or even to develope it. Persons of sanguine and nervous temperament, with a thin irritable skin, are liable to be attacked by it; individuals whose hands are exposed to the action of irritating substances, as grocers, masons, &c., or to great heat, as smiths, cooks, &c., are often troubled by it. The free use of Alcoholic drinks sometimes occasions it, especially the Lichen Agrius. Want of cleanliness, improper food, irritating clothing, mental anxiety also seem to be causes of Lichen. Sometimes it is symptomatic of some internal Phlegmasia, and in cases where there is a pre-disposition to disease of the mucous surfaces, the internal and external irritation often seems to alternate.

PROGNOSIS.

While Lichen is not dangerous, it is often an extremely rebellious and obstinate disease, though Lichen Simplex, in young persons, of good constitution, will frequently disappear in the course of a few weeks. The variety and locality of Lichen affect the prognosis very much. Lichen Pilaris is almost always obstinate; the same may be said of Lichen of the face. Lichen of the Pubis and L. Podicis are peculiarly obstinate and distressing; and generally, Lichen is the more obstinate and intractable, the longer it has existed, the older the patient, the more debilitated the constitution; and in some cases it will resist every effort to eradicate it.

DIAGNOSIS.

Lichen has been confounded with Scabies, Herpes, Eczema, Prurigo, and some of the Exanthemata. From Scabies, it differs in being a dry cutaneous eruption, in its small, hard, conical, papules instead of the small acuminated vesicle; in its locality, being found more frequently upon thick skin, and not on thin, delicate skin, as between the fingers, upon the palmar surface of the wrist, &c.; and by its having no *Acarus* or *cuniculus*, and by its non-contagiousness.

Lichen Circumscriptus and Herpes Circinnatus have been mistaken for each other, the one a dry papular, the other a moist vesicular disease. Besides, the greater thickening and harshness of the skin in Lichen are usually sufficient to distinguish it from the vesicular eruptions, generally.

Lichen Agrius has been mistaken for an Eczema. Lichen is a dry, papular, Eczema, a moist vesicular eruption, and almost always in every stage of the disease, the elementary papule in the one case, and the vesicle in the other, may still be found in the neighborhood of the principal disease. The thickening and harshness with deep fissures, will assist here, also, in the diagnosis of Lichen from Eczema.

From Prurigo the diagnosis is often more difficult; they are sometimes both found upon the same individual, at the same time; both belong to the same group and order, and sometimes, there is reason to believe that

Prurigo degenerates into Lichen; at all events, cases occasionally are seen, where good dermatologists might differ in their diagnosis. Baumis treats both of these affections together, the one under the name of eruption papuleuse groupée, ou agglomérée ou disséminée—Lichen; and the other, as Eruption papulo-prurigineuse épars—Prurigo. The marks which in most cases will suffice to distinguish them, are in Lichen the papules are smaller, more acuminate, usually in clusters a little redder than the skin, while in Prurigo the papules are larger, flatter, of the same color as the skin, and generally surmounted by a small black crust. The sensation of itching in the two cases differs; in Prurigo it is burning, while in Lichen it is creeping and tickling.

Lichen of the face has been mistaken for Acne Rosacea. The former is a dry papular disease, has very little tendency to suppurate, though occasionally the summits of the papules are excoriated and give out a sero-purulent matter; the latter is a pustular disease, and when severe the sub-cutaneous cellular substance is involved, and when cured, leaves permanent, little, white, oval, cicatrices, which are never seen in Lichen. An error in diagnosis, however, by mistaking Lichen for either Prurigo or Acne, would not be of any great practical importance.

Lichen Urticatus differs from Urticaria, in being more chronic and permanent, in its irregularity of form, and being usually found with Lichen Simplex. A positive diagnosis might however at times be difficult, and is of no great practical value.

TREATMENT.

In young and plethoric patients, the anti-phlogistic treatment is required; as general bleeding, purgatives, an abstemious diet, with cooling diluent drinks. In more chronic cases, in the aged and debilitated, an entirely different treatment is necessary; here laxatives, tonics and a good, but unstimulating, diet will succeed better. Some of the mineral acids in a bitter infusion answer the purpose of tonics well. It is in these chronic cases that the preparations of Arsenic, Corrosive Sublimate and Tincture of Cantharides often seem to eradicate the disease as by a charm. The internal use of some of the salts of Iodine has been recommended for the same purpose. The persevering use of baths, either simple or medicated, often is of the greatest service in the treatment of these papular eruptions; and in no cutaneous disease does the sulphur fume bath promise more; it should be preceded by depletion in many cases, or it will aggravate the disease. As laxatives, the Cream of Tartar, the neutral salts with the addition of a few drops of mineral acids, or in some bitter infusion, usually answer a very good purpose. Plummer's Pill, or the Blue Mass, or a small dose of Calomel should also be occasionally administered. The state of the digestive organs is found to have great influence upon the cutaneous eruption.

In severe cases of local inflammation from Lichen, leeching, emollient poultices, fomentations, and simple

water or milk and water dressings are useful. To allay the terrible itching, some narcotic, or some acid or alkaline washes have been found most efficacious; perhaps the juice of the lemon will succeed as often as any other remedy. Vinegar, salt and water, solution of the salts Soda, Potash in water, or Ammonia, diluted Hydrocyanic Acid, the various narcotics, solution of the Acetate of Lead, of the Corrosive Sublimate, diluted Citrine Ointment will each occasionally succeed and often fail in relieving the pruritus. Several prescriptions for this purpose will be found in the Formulary; every one who has had much experience in the treatment of this eruption and the frequent failure of remedies relied on to afford even temporary relief, will see the propriety of being provided with a good variety of these remedies.

PRURIGO.

SYN.—*Scabies Papuliformis; Pruritus; Old Man's Itch.*

PRURIGO is a non-contagious, cutaneous eruption, characterized by distinct papules, usually of the same color as the skin, larger and less acuminate than those of Lichen, accompanied by severe itching; this itching in Prurigo is intolerable, and the patient, in his attempts to relieve himself by scratching, takes off the top of the papule; this is followed by the oozing of a drop of blood, which desiccates and forms a little black scab, characteristic of the disease. After the papules are absorbed, the place is marked for some time by a small yellow spot.

Though the papules are of the same color as the skin, yet on account of their size, they can be seen, and are also very readily distinguishable by touch; they are more frequently upon the extensor surfaces, are commonly confined to a limb or to a part of the body, but are sometimes general, terminating in resolution and desquamation, and not followed by a permanent cicatrice. The duration of the disease is indefinite; in mild cases it will terminate in a week or two, while in other cases it is prolonged by successive eruptions, for months and years. In severe cases the itching, especially towards

evening, or when the skin is excited by the warmth of bed, or when aggravated by stimulating food or drink, is intolerable, and, in many cases, the distress is much increased by complication with other cutaneous diseases, as Eczema, Ecthyma, Impetigo, &c.

There are three general and three local varieties of Prurigo; the general varieties, are *Prurigo Mitis*, *Formicans*, and *Senilis*; the local, are *Prurigo Pudendalis*, *Podicis*, and *Scroti*.

PRURIGO MITIS.

In this variety the papules are distinct, flattened, larger, but not so hard to the touch, as those of Lichen; when not irritated by scratching, most of them are of the natural color of the skin, and so little salient, that it is with difficulty that they can be distinguished by the sight. The eruption is maintained by the successive eruption of papules, and these, after their decline, leave small yellow spots, which, in most cases of Prurigo, can be found scattered among the papules. The itching, attending this variety, is not commonly constant, and when compared with the other varieties, is not very severe, being worse towards evening, or upon first going to bed, or after the skin has become excited by the warmth of the bed, the paroxysm continuing for a few minutes, and sometimes for hours. The paroxysms have distinct intermissions, and can often be abated by withdrawing the attention of the patient, and, on the

other hand, can be excited by directing the attention to the subject; and it is believed, that this expectation of suffering, existing in the mind is frequently a great obstacle in the way of curing the eruption.

The summits of the papules are torn by the nails of the patients, and a small drop of blood escapes, dries and turns black, but in a few days falls off; this small black scab is so common that it may be said to be characteristic of the disease. Prurigo shows itself principally in spring and autumn, and in persons subject to attacks of it, severe exertion, heat, stimulating drinks and food will exasperate, or even excite it. This variety is more common in youth and females.

PRURIGO FORMICANS.

This variety does not differ materially from the last, except in the severity of the symptoms; the papules are larger, flatter, and usually a little more elevated, and are found in the same situations, though no part of the body is exempt from an attack, except the palms of the hands, soles of the feet and face. The disease may be partial or it may be universal; the number of papules vary very much, sometimes being few and distinct, at other times they are very numerous and confluent upon some part of the body, so that the skin inflames and thickens, and, in rare cases, suppuration has taken place in the sub-cutaneous cellular substance; in such severe cases, however, it is often complicated with other cutaneous affections, as Eczema, Ecthyma, Impetigo, &c.

When the papules are numerous, the itching is insupportable, usually coming on in paroxysms, sometimes with a considerable regularity. These paroxysms, as in the last variety, are more common at evening immediately upon going to bed, and are often repeated towards morning; between these paroxysms, there are often periods of ease, lasting for hours, and allowing the patient to sleep. When the itching is severe, the greatest stoicism cannot restrain the patient from scratching; the summit of the papules is torn by the nails, and a drop of blood is poured out and dries into the dark, brown or black scab, characteristic of Prurigo. Instead of this itching, patients often complain of a pricking sensation, as if pierced by many needles. Stimulating food and drinks, violent exercise, violent mental emotion, or even directing the attention to the subject, are sufficient to excite a severe exacerbation of the itching.

The duration of this variety is almost always long; the disease is kept up, by successive eruptions, and by relapses for years, in some cases rendering the remainder of life a burden. It is more common with adults and those past the meridian of life. In some cases, the exacerbations of the disease are marked by constitutional disturbance, as fever, furred tongue, intestinal irritation, &c.; in many cases, the general health does not suffer in the least, but, notwithstanding the severe local irritation, continues excellent for years; in some cases the health seems best when the eruption is the most troublesome. After resolution has taken place the situation of the papule is marked for some time by a small yellow

spot, as in the last variety. Prurigo Formicans derives its name from the sensation of insects crawling under the skin, of which many patients complain.

PRURIGO SENILIS.

This is a still more severe form of the eruption ; here the pimples are frequently not as numerous as in the preceding variety, but they are larger, flattened, hard, and often of the same color as the skin, and sometimes even whiter. The skin becomes dry, harsh and chapped, and a general desquamation takes place ; in some rare cases, this desquamation is very excessive and universal, and large bran-like scales will be found upon the sheets, after a night's rest. There is now an old man in the State of Ohio, who has been afflicted with this disease for many years ; the whole surface desquamates ; but few distinct papules can now be seen, and though he has been examined with great care, I have never been able to detect any pediculi. In this case, the Prurigo is complicated with Pityriasis, and by rubbing any part of the body, a large number of bran-like scales will fall off ; in the bed in which he sleeps, a great quantity of these crusts and scales are found. All attempts to cure the disease have hitherto proved unavailing in this case ; Fowler's Solution has done more to relieve him than every thing else. His health, in other respects, is excellent, and though more than eighty years of age, is able to ride fifty miles a day on horseback. The disease first

occured suddenly, while on a voyage from Wales to this country, and he is very confident that he took it of one of his fellow passengers; he, however, has not communicated the disease to any of his family. The itching in this case is so terrible that his existence is rendered a burden.

In some cases pediculi have been found upon the skin in incredible numbers, which seem to be produced by myriads in a short time. A case of this sort occurred in Guy's Hospital, in 1837, and was reported to the Medico-Chirurgical Society by Mr. Bryant. The patient was a woman thirty years of age. The whole surface of the body was covered with these animals; the pruritus was terrible, and by scratching the black scabs of Prurigo were formed. Every means was taken to destroy this vermin. She was put in a warm bath and her whole clothing was removed, and every precaution taken to prevent the return of these animals. When taken from the bath and placed in a clean bed, in the short space of two hours, the whole surface was again covered, though no eggs of the creature could be found. All treatment was ineffectual. In such cases the animals seem to spring up from some unknown, and probable inappreciable state of the general constitution, at all events in the present state of our knowledge, the disease is incurable; and though generally found only in wretched, miserable, poor and filthy subjects, yet instances are recorded, where it occurred in the affluent and higher classes of society, and has baffled the skill of the ablest physicians. Dendy states that one of the Kings, and one of the Royal

Duchesses of England have been its victims. Biett also saw a case of the disease in a young woman.

The local varieties of Prurigo do not differ essentially from the general, except in being confined to a special locality, or in being more severe upon it; and they are often found to co-exist with the general varieties.

PRURIGO PUDENDALIS.

This is fortunately a rare but a most distressing affection. The papules are found upon the labia majora, sometimes extending into the vagina. The itching is constant, and at times so severe, that it is impossible to refrain from relieving it by scratching. These local varieties are all of them very obstinate; and in this, the incessant pruritus often produces Nymphomania of the most rebellious character. In some case, even where the itching is most distressing, the greatest care is required to discover the papules, and sometimes it is impossible to do so, even with the aid of a lens. Wilson described these cases under a distinct head, calling them Pruritus, and supposes their pathology to be some obscure change in the innervation of the part. Other authors refer them to Prurigo. It is confined to no age and sometimes appears for the first time at the change of life. Biett saw a most distressing case in a woman of sixty. It is almost always accompanied by Leucorrhea, and not unfrequently by chronic inflammation of the vagina. Patients often refer its origin to some irritation, as friction

of a woolen dress, to a protracted walk, &c. It is not always practicable to cure it, when it has become very chronic.

Prurigo Podicis does not differ from Prurigo Formicans, except in being local and partial; there are in both the same flat papules, and the same black crust upon the summit. When chronic, the skin becomes dry, rough, thickened and squamous. The itching is most intolerable, generally worse at evening, immediately upon going to bed, and after getting warm, when it will often continue for hours. This affection is also most obstinate, sometimes disappearing for months, to be rekindled by any error in diet, by some unusual friction from dress, violent exercise, intestinal irritation, &c., but often without any appreciable cause. It is said by Schedel and Cazenave to be more common in individuals of sedentary habits, and often accompanies the presence of Ascarides in the rectum, inflammation of the large intestine, Hæmorrhoids, &c. It frequently complicates the last variety, and seems to be excited by Leucorrhœa or other irritating discharges from the vagina. It is very rebellious and often excites other troublesome local eruptions, as Lichen, Eczema, &c.

PRURIGO SCROTI.

This does not differ from the other varieties, except in its seat; it is developed upon the scrotum and root of the penis, and the frequent attempts to relieve the insufferable itching, may excite severe chronic inflammation of

the parts; the skin is thickened, and the elementary form of the eruption cannot be discovered. Here, as in Impetigo, for which this, as well as the other local varieties of Prurigo have been often mistaken, there is a sweating of an irritating serous fluid, followed by excoriations; abrasions of the skin, also, often occur from the violent scratching, occasioned by the unappeasable pruritus. This pruritus occurs by paroxysms, and when severe, it is almost impossible to prevent the patient seeking relief by scratching. Like Prurigo Pudendalis, it is often complicated with Prurigo Podicis, and often seems to arise from the same cause. It is very obstinate, though possibly less so than either of the other local varieties; but when a patient has once suffered from it, he is always liable to renewed attacks.

CAUSES.

Prurigo attacks all ages, though more severe in youth, and especially in old age, than in middle life; it is confined to no season of the year, though in its milder forms, more common in spring and summer; it is met with in both sexes though more common in males. Want of cleanliness, and continual irritation often seems to excite it. It is more common in the poor and destitute, in the ill-fed, poorly clad and miserable; it also is not unfrequently seen in those who are in the highest ranks of society, especially in these who indulge in high-seasoned dishes, salted meats, and sea-fish; dysmenorrhea, anxiety, intemperance, severe affliction, &c., seem at times to

cause it. It must be confessed, however, that in a majority of cases we seek in vain for a satisfactory cause. Prurigo Senilis seems to be owing to the debility and prostration of old age, and to long continued mental depression; and a more plausible cause can usually be assigned for this, than for either of the other general varieties.

DIAGNOSIS.

Prurigo has been mistaken for Intertrigo, Eczema, Scabies, Lichen, and Pityriasis. None but the local varieties can be confounded with Intertrigo; and here the elementary form of the disease, its persevering obstinacy, and the itching preceding all redness or inflammation suffice to distinguish Prurigo.

From Lichen, the larger papule, flat, distinct, of the same color as the skin, the small black scab, and its more intense itching will distinguish it. When, however, the skin from long irritation has become dry and thickened, the diagnosis is not easy, and fortunately not practically important.

From Eczema, Scabies and Impetigo, the most important distinguishing mark is, that they do not belong to the same group, being primitively moist diseases, while Prurigo is always at first dry. The situation of the eruptions is different. Prurigo being more severe upon the extensor surfaces, and the moist eruptions, attacking more frequently the flexor surfaces, where the skin is delicate. The elementary form of the eruption can al-

most always be discovered, which decides the question at once. The pruritus also is much more severe in the papular than in the vesicular or pustular eruption, if we except Scabies; the itching of this last is characteristic, more constant, and the locality very different. They may be complicated with each other, but ought not to be confounded in any other case.

PROGNOSIS.

In young persons, favorably situated in life, Prurigo is often cured, but with the old and debilitated, with the intemperate, the ill-nourished, the ill-clad and the miserable, it is always an obstinate, and sometimes incurable affection, and even when apparently cured, the patient is liable to relapses. Prurigo Senilis is often an incurable disease, and while it does not seem to shorten life, it completely embitters it and destroys all its enjoyments. All the local varieties are obstinate, especially Prurigo Podicis and Pudendalis; and when they occur in old subjects, though much may be done to mitigate them, there is little prospect of entire relief. Many distinguished men have suffered from this eruption; among others Alibert mentions Plato, Charles V. and Charles IX.

TREATMENT.

The treatment of Prurigo is very similar to that of Lichen, and does not require to be repeated in this place. In both the diet should be unstimulating and regular. The state of the digestive organs should be corrected, if deranged, all violent exercise, exciting passions, and all stimulating condiments should be avoided. The frequent use of baths are essential to the treatment of the papular eruptions. They should be adapted to each individual case; for this purpose they may be warm, tepid or cool, they may be simple, alkaline, acid, saline, mucilaginous, sulphurous or alcoholic, they may be the hot air, vapor, the sulphur vapor or the sulphur fume, as the stage of the eruption, or the condition of the patient may require. The observations made on the use of Arsenic, Corrosive Sublimate, &c., in the treatment of Lichen, apply equally well to Prurigo.

ORDER 6th.—SQUAMÆ.

IN this order are included all those cutaneous diseases which are characterized by the formation of a scale, without being preceded by the other elementary forms of eruption, as vesicle, pustule, &c. The scale consists of the abnormal production of Epidermis, from inflammation; in this it differs from those thin crusts, of the serous and purulent cutaneous diseases, which are the dried contents of the vesicle or pustule. These scales may be formed without any thickening or elevation of the skin, as in Pityriasis; or they may be found upon slight elevations of the skin like tubercles, as in Psoriasis or Lepra; these elevations, after the scale is removed, are found slightly inflamed and red.

Four diseases are usually enumerated in this order, viz: *Pityriasis*, *Lepra*, *Psoriasis*, and *Ichthyosis*.

PITYRIASIS.

THIS is a non-contagious cutaneous disease, characterized by slightly inflamed patches of the skin, of variable extent, upon which an expoliation of the Epidermis takes place in the form of minute, white, semi-transparent scales or a whitish scurf, usually in great abundance. These patches are very irregular in their shape and size, are confined to no particular part of the body, and are more or less discolored; they may be of a faint rose color or a dull yellowish red; they are accompanied by more or less itching, and sometimes by a tingling sensation. Sometimes the disease is nearly or quite general, and, like most other cutaneous affections, the patches are generally successive in their appearance; at other times it is confined to a single part, as the head, and may remain there, without any disposition to extend itself, for months or years.

Three general varieties were described by Willan, viz: *Pityriasis Rubrum*, *Versicolor*, and *Nigra*; this number has been increased by Willan's successors; besides these general, eight local varieties have been described; viz: *Pityriasis Capitis*, *Palpebrarum*, *Labiorum*, *Oris*, *Palmaris*, *Plantaris*, *Praeputialis*, and *Pudendalis*.

Little benefit is to be derived from describing as separate varieties, the same disease with some slight differ-

ence in the color or form, which difference does not alter the general character, prognosis, or treatment; for this reason, all the general varieties will be described under the title of *Pityriasis Simplex*. There is no doubt, while *Pityriasis* sometimes shows itself with all the characteristics of a squamous disease, and with the colors described by Willan in his varieties of *Pityriasis Versicolor* and *Nigra*, that the simple discoloration of the skin, unaccompanied by any expoliation whatever, or by any of the marks of a squamous disease, has been generally considered, with great impropriety, as a *Pityriasis*, when in fact it is an *Ephelis* and a *Maculous* disease. Indeed there is little doubt that the real *Pityriasis Nigra* was first distinguished by Biett, the disease thus named by Willan not being in fact a Squamous affection. The color in this variety, as described by Biett, sometimes depends entirely upon the scales, which being removed, leave the skin red, as in *Pityriasis Simplex*, while in other cases, the scales are white, but are upon a colored spot of the skin; the pathology of this variety is not well understood.

PITYRIASIS SIMPLEX.

This affection is characterized by the appearance of patches upon any, or all parts of the body, either not at all, or almost imperceptibly elevated above the level of the skin, very slightly inflamed, of a faint rose color, sometimes red, brown, yellowish, or even black, (*P. Nigra*;) these patches, by expoliation, produce an abun-

dance of scurf or whitish scales, which, when rubbed off, are reproduced with great rapidity. There is commonly but little itching or irritation accompanying the affection, though at times the patient is considerably annoyed by them.

The patches are very variable in their size and shape; they are sometimes only a few lines in diameter, and at other times they cover the whole body; the affected skin is sometimes dry and slightly roughened, and hardly perspires at all, while at other times, it is unusually soft and unctuous to the feel. Although, as has been said, it is not confined to any part of the body, it is more common upon those parts of the skin supplied with hair, as the head, chin, pubes, &c. Sometimes the exfoliation does not occur in minute scales only, but in scales of considerable extent, several lines in diameter, and as Gibert has observed, the affected skin resembles that recovering from the effects of a blister. The discoloration of the skin continues long after the desquamation has ceased, and, in these cases, the history of the case alone enables us to distinguish it from the Ephelides.

PITYRIASIS CAPITIS ; DANDRIF.

This variety does not differ from Pityriasis Simplex excepting in being confined to the head, and generally to the scalp, though the chin is sometimes affected. This scurfiness of the head is unaccompanied by any symptom, except the slight redness of the skin when the

scales have been removed, and by the itching which is almost always present and sometimes troublesome; it is confined to no age, being found in the infant and in extreme old age. The scales are somewhat lighter and smaller upon the temples, forehead and chin than elsewhere, being there only a light scurf, while on the scalp the scales are large, thick and flat. When removed, these scales are reproduced with great rapidity. Pityriasis Capitis is a very chronic disease and seems often to cause Alopecia.

The other local varieties, seven in number, were first particularly described as varieties of Pityriasis by Rayer, and have hitherto been generally confounded with Psoriasis, and much care is requisite to distinguish some of them from the corresponding local varieties of that disease. Pityriasis Labiorum, Palpebrarum, Pudendalis, and Præputialis, differ from Pityriasis Simplex, in being situated at the junction of the mucous membrane and skin, and by the heat, thickening, itching, and desquamation which, in these local varieties, are very troublesome and annoying. This irritation often extends to the mucous membrane, and then the disease is generally very obstinate and distressing. This is particularly the case when the disease becomes fastened upon the mucous membrane of the genital organs.

Pityriasis Oris is described by Rayer as an inflammation of the mucous membrane of the mouth followed by exfoliation of the Epithelium, especially about the base of the tongue; the disease from his description corresponds very well with Pityriasis of the skin.

Pityriasis Palmaris and Plantaris, till Rayer, had been confounded with Psoriasis; these varieties are accompanied by considerable distress, heat, itching, tenderness, &c., and are extremely obstinate.

CAUSES.

The causes of Pityriasis are very obscure. Strong mental emotions are a frequent cause of the disease of which some very remarkable examples are on record. It is peculiar to no age, sex, or occupation, though said to be more common in females than males, and in old age than in adult life. It may not be found that Pityriasis is more common among females, when the Ephelides are carefully distinguished. It sometimes seems connected with a disordered state of the mucous membrane of the Alimentary Canal.

PROGNOSIS.

Though not dangerous, it is often a most obstinate affection, frequently reappearing after being apparently cured. In children, however, by great perseverance, it may be almost always cured; but in adults, and in old age, especially, when general, the prognosis for a permanent cure is unfavorable.

DIAGNOSIS.

The diagnosis is not difficult. It may be confounded with the desquamating stage of Eczema, with Psoriasis and Ephelis. The history of the case is always sufficient to distinguish it from the vesicular eruption. They belong to different groups, the one, Eczema, being always in its first stage a moist eruption, the other, through all its stages, a dry affection. The thin minute scales, the slightly inflamed, and scarcely elevated skin, should distinguish it from the larger shining scales of Psoriasis, upon a distinct, inflamed, tubercular base, accompanied by chapping of the skin; and from the simple discoloration of the skin of Ephelis without any inflammation or desquamation. In making our diagnosis, the history of the eruption, during all its stages, will almost always remove all hesitation.

TREATMENT.

Attention should be directed to the improvement of the general health, and as far as practicable, to the removal of every cause of irritation; Depletives, Laxatives, Tonics, Alteratives, &c., may be successively or simultaneously useful in fulfilling these indications. No great benefit, however, can be hoped from any general treatment. In obstinate cases the use of the Mineral Solution or Tincture of Cantharides, or small doses of Sulphur

may be directed with some prospect of success. As local remedies, great cleanliness, some alkaline, astringent or stimulating wash, promise most; but it is only by perseverance that a cure can be expected from the use of these or any other remedies.

In Pityriasis Capitis the hair should be kept short; and in Pityriasis of the face, it should be remembered, that the use of the razor will maintain the desquamation indefinitely; and the same may be done by harsh combing or brushing the hair in Pityriasis Capitis. Green says he has never known the use of the sulphur fume bath fail of curing the disease. Pityriasis is, however, an inflammatory affection, and stimulents, should not be used early without caution. To quiet the pruritus the use of narcotics and sedatives, as washes composed of Opium, Sugar of Lead, and, as Dr. Thompson has directed of Hydrocyanic Acid, are useful. Wilson says that the vapor douche and the white precipitate ointment are the remedies most likely to be useful in P. Palmaris and Plantaris.

LEPRA.

SYN.—*Alphos*; *Dartre Squammeuse* of Alibert; *Leprosy*.

SINCE the time of Willan, many dermatologists have thought that Lepra and Psoriasis ought rather to be considered as varieties of the same disease, than as two distinct diseases; yet, such has been the influence and authority of this great master, that to the present time they are generally described separately. They differ somewhat in appearance, but are identical in their character, prognosis and treatment. Agreeably to the general custom of authors, and for the purpose of not creating any further confusion by changing the nomenclature, the division of Willan will be maintained. Wilson says, "if any useful purpose were to be gained by this re-union, I would cheerfully record my vote in its favor, for the similarity of Psoriasis and Lepra in their essential nature is so complete as to render them almost identical. On the other hand, it may be fairly advanced, that the terms are so well understood that no error can arise out of their separate existence, and time has rendered them classic sounds, which could not well be dispensed with, and moreover, that certain differences are admitted between them, such as extent of surface occupied, duration and severity."

Lepra is a non-contagious cutaneous disease, characterized by the appearance of the tubercles upon the skin, slightly inflamed and of a red color, which soon produce upon their summit thin, white, semi-transparent scales, which, after being removed, are speedily renewed. The patches are commonly circular or nearly so in form, and depressed in the centre, while the periphery is elevated and distinct; the diseased patch extends by the enlargement of its circumference, while its centre often becomes healthy. Its favorite locality is about the joints, especially upon the elbow and knee, though no part of the body is free from its occasional attacks. At times, though very rarely, it is accompanied by general constitutional symptoms, and from the effect of local and general remedies used in its treatment, there is no doubt that it usually depends upon some constitutional derangement, though often inappreciable.

A real Lepra is not unfrequently the result of Syphilis; and besides this, three other varieties have been described by dermatologists, viz: *Lepra Vulgare*; *Alphoides* and *Nigricans*; the first two are the same, slightly modified, in the size, color, &c., of the patches, and their distinction is neither theoretically nor practically important; Lepra Nigricans is a very rare form of the disease and its existence, as a variety distinct from Lepra Syphilitica, has been denied by many observers; it, however, has been proved to exist where there was no evidence of its being connected with any Syphilitic taint.

LEPRA VULGARIS.

This is the usual variety of this eruption ; it is characterized by an eruption of small, elevated tuberculated patches, usually on the limbs and especially about the joints ; they are of a red color, smooth and soft, but soon become covered by very fine, silvery white scales, which, falling off spontaneously, or upon being rubbed off, are speedily renewed. These patches are circular and increase by the extension of their periphery, while the centre becomes healthy, thus forming merely a ring, upon the outer circumference of which, the scales are larger and thicker than towards the centre. These scales are sometimes imbricated.

Often several of these patches are so near each other that they coalesce, and form one large patch, the regularly circular edge of which is destroyed by the several circles running into each other, forming an irregular, wavy border. Though usually appearing on the limbs and in the neighborhood of some of the joints, or, as Willan remarked, over a superficial bone, as the Tibia or Ulna, it may show itself upon any part of the body, and patches of it are seen upon the abdomen, back or face ; sometimes these patches are of great extent, covering the whole back or abdomen.

When Lepra attacks the head it proves very annoying by its itching, and when scratched, the irritated patches often exude a little sero-lymphatic discharge, accompanied by considerable smarting and tingling. It is, however,

a slow indolent disease, and rarely gives inconvenience, excepting after some exciting cause, as great heat, stimulating diet, violent exercise, excitement, &c., when the irritation is sometimes troublesome.

In some cases a disease, identical with *Lepra* in its elementary form and general character, is seen, but without the usual scaly desquamation ; the patches appear in flattened tubercles, run through the same course, the centre becomes healthy, leaving only a ring, but the circumference is not covered by scales, but continues red, gradually extending itself as patches of real *Lepra*. These red tubercular patches or rings may constitute the whole eruption, or they be found with the real patches of *Lepra*, with the characteristic scales ; and the same patch may at different times show itself, both as a smooth and scaly eruption ; this smooth appearance, however, is very rare.

LEPRA ALPHOIDES.

This variety differs from *Lepra Vulgaris*, rather in degree than in any other respect ; the patches are smaller, paler and they do not usually increase much in size ; the scales are more minute and are whiter. It occurs generally in those of delicate skin, as in women and children. This variety and the last often occur together, and though it seems to be a less active inflammation and less extensive than *Lepra Vulgaris*, yet, it is more chronic and rebellious in its course. It is almost always confined, principally at least, to the joints ; sometimes, as in the

last variety, these spots coalesce and form large patches which are with much difficulty distinguished from Psoriasis.

LEPRA NIGRICANS.

In this variety the color is a dirty brown or livid, sometimes bluish, and it is in this respect principally that it differs from *Lepa Vulgaris*; indeed, its eems to be the same disease, modified only by being found in broken down and worn out constitutions. The scales are smaller, thinner and more transparent, allowing the discoloration of the skin to be seen through them. Sometimes, however, the scales themselves are discoloured. It is almost always confounded with *Lepa Syphilitica*; it is however a distinct though rare disease. The history of the case alone will enable us to distinguish it.

CAUSES.

Lepa is a non-contagious though frequently a hereditary disease; though peculiar to neither sex, it is more common in males; infancy and childhood are likewise less exposed to it than adult and old age. In most cases a satisfactory exciting cause cannot be discovered. The same causes that excite a multitude of cutaneous affections seem also to excite *Lepa*, as violent emotions, insufficient or improper food, want of cleanliness, use of salted meat, highly seasoned food, poverty, misery, &c.

DIAGNOSIS.

The group to which it belongs, the elementary form, the dryness of the patches, and the want of crusts and scabs distinguish *Lepra* from *Eczema*, *Herpes* and *Impetigo*. The elementary form of the eruption, and the appearance of the smooth tuberculated patches, serve to distinguish it from the rough group of conical papules, as seen in *Lichen*; the irritation from itching is also much more severe in the papular than in the squamous disease. The exact circular form, the depressed centre, the greater inflammation, the irregular wavy border, when the patches are made up of several circles running together, distinguish *Lepra* from the less regular patches, and elevated centre of *Psoriasis*. Here, however, an error in the diagnosis would not be followed by serious results.

PROGNOSIS.

Though not dangerous to life, *Lepra* is a very obstinate eruption, and when apparently cured, is very liable to reappear. The prognosis, as to a radical cure, will of course depend much upon the age and circumstances of the patient; in old age we can hardly hope to effect an entire cure.

TREATMENT.

In the general treatment of *Lepra* it should be borne in mind that it is an inflammatory disease, and that by commencing with an exact diet, abstinence from all stimulating drinks, and general depletion, purgatives, &c., we may greatly hasten the cure. The mercurial cathartics have been preferred. Much also may be accomplished by frequent general bathing. In no order of cutaneous diseases have the preparations of Arsenic, Corrosive Sublimate and 'Tinc. of Cantharides proved so useful as in the Squamous. Before we see any beneficial effects from their use, the Leprous spots often seem irritated, they become red, inflamed, and troublesome. Dr. Thompson has found no preparation of Mercury equal to that with Iodine in the treatment of *Lepra*; and the triple compound of Iodine, Mercury and Arsenic, as recommended by Mr. Donovan, will, judging from the testimony in its favor, be found still more efficacious.

Besides these, the use of some bitter tonics, and alterants, as decoctions of Sarsaparilla, Dulcamara, Guaiacum, Mezereum, the Mineral Acids and the Hydriodate of Potash, &c., are found to be very beneficial in the general treatment of *Lepra*.

Lepra is often found to be an obstinate disease, and hence there are innumerable specifics and local remedies recommended to cure it. Of these, no one probably deserves more confidence than the tar ointment; it is preferred to any other by M. Emery, at the St. Louis Hospital; when

its color and odor are exceptionable the Naphthaline Ointment may be substituted. Gibert used the Ointment of the Ioduret of Ammonia, and also the Ointments of Anthracokali and Fuligokali. Rayet commences with an ointment of the white precipitate or the proto-chloride of Mercury, except in very chronic cases, where he uses the Ioduret of Sulphur. This last is also recommended by Bielt and by Cazenave and Schedel. Great benefit is often obtained from the sulphur vapor bath. The internal remedies should be continued for a long time as relapses are very frequent in Lepra.

PSORIASIS.

SYN.—*Scabies Sicca*; *Psora Leprosa*; *Dartre Squameuse Seche*; *Dry Scall*; *Dry Tetter*, &c.

PSORIASIS is a non-contagious eruption, characterized by slightly salient patches of very irregular shape and size, usually more elevated in the centre than towards the circumference, and covered with the same scaly exfoliation as *Lepra*. The extent of the disease varies much, sometimes it is confined to a small space and is strictly local, at other times it is general and spread over almost the whole surface of the body. It is always chronic in its course, but is rarely accompanied by symptoms of constitutional irritation.

Five general and as many local varieties are recognized by authors, viz: *Psoriasis Guttata*, *Diffusa*, *Infantilis*, *Inveterata*, and *Gyrata*; and *Psoriasis Palpebrarum*, *Labialis*, *Genitalis*, *Palmaris*, and *Unguium*. Several other local varieties, of still less importance, have been enumerated.

PSORIASIS GUTTATA.

This variety derives its name from its resemblance to drops of some fluid scattered over the skin, and is char-

acterized by small elevations of flattened papulæ, irregularly circular in form, often appearing generally over the body, though choosing by preference the dorsal surfaces. The scales are thin, white, frequently somewhat adherent, and when removed, discover a smooth reddened surface, upon which they are rapidly replaced. The spots of Psoriasis, as already said, are more elevated in the centre than towards the circumference, and appear at first in the form of small flattened papulæ, upon the surface of each of which a scale is soon seen; the papule goes on increasing in size and the scales multiply. These scaly patches are isolated and distinct, and are rarely preceded or accompanied by constitutional symptoms; neither is there, usually, severe local irritation and itching attending this variety, but like most other cutaneous diseases it is more uncomfortable towards evening, and during night.

PSORIASIS DIFFUSA.

This variety is characterized by patches very irregular in shape and size, usually appearing at first upon the extensor surfaces of the limbs, but in the end sometimes encasing the whole limb, though this eruption usually shows a greater tendency to extend itself longitudinally along the course of the nerves, than in a transverse direction. The patches are slightly elevated above the level of the skin, covered with scales which are speedily renewed, after being removed. The affected skin is dry

and harsh to the touch, and in severe cases there is considerable local inflammation, smarting, itching, &c. This variety often attacks the joints and by thickening the skin and destroying its suppleness the surface becomes cracked and painful.

It is frequently seen upon the back of the hand and upon the knuckles, and when confined there, is sometimes described as a distinct local variety under the name of *Psoriasis Dorsalis*. It usually commences like *Psoriasis Guttata*, but the spots run together forming very irregular, angular patches of affected skin. It is a very chronic and obstinate variety of *Psoriasis*, and the patience of the physician and patient are often exhausted in vain attempts to cure it. When extensive and sudden in its appearance, it is often preceded by general symptoms, as pain in the head, back and limbs, want of appetite, irregular chills, cough, fever, &c., which, however, usually subside upon the appearance of the eruption, to reappear again upon its sudden recession.

PSORIASIS INFANTILIS.

This is a variety differing from the last only in the modifying effect of the age of the patient, being in fact nothing but *Psoriasis Diffusa* in an infant. The eruption in children is more acute and rapid in its course, and is liable to cause deep fissures in the affected skin which are often very distressing.

PSORIASIS GYRATA.

This variety of Psoriasis is very rare, and differs only in its form from Psoriasis Diffusa; it is characterized by tortuous narrow bands of affected skin, curiously curved and disseminated. Most of the reputed cases of this variety are probably only broken circles of *Lepra* scattered over the skin.

PSORIASIS INVETERATA.

This variety differs from Psoriasis Diffusa only in being more chronic and severe. It is a most distressing and hopeless form of cutaneous disease; it is confined to no part of the body, though more common on the limbs at the joints; deep fissures take place in the dry, thickened skin, and the motions are attended with severe pain and bleeding; the diseased patches in such cases, usually become irritated and inflamed, and are accompanied by heat, sense of tension and some pruritus; the present suffering is severe, and the prognosis often desperate, especially where the disease occurs in old, broken down subjects. There is great diversity in the appearance of the scales in this variety; they are often thin, branny and very abundant, at other times they are broad and thick; sometimes, again, as occurs in *Lepra*, there is no exfoliation of the cuticle in the form of scales, but the affected surface is dry, red and glossy.

A great number of local varieties have been described, to the annoyance of the student of this class of diseases; they can all be comprised in five varieties, though the names of several others will be mentioned.

PSORIASIS PALMARIS vel PLANTARIS.

When Psoriasis attacks the palms of the hands and soles of the feet, it has some peculiarities not found in any of the other varieties. It commences as a tubercle, which is soon covered with scales, which last, upon being removed, do not exhibit the same disposition to be renewed as in the other varieties; the disease goes on increasing eccentrically, and the circumference is covered with scales, while the centre is bare like *Lepa*; from this circumstance, this variety has been called by Rayer *Psoriasis Centrifuga*. The centre of the patches, though free from scales, is not healthy, as in *Lepa* generally, but it is dry, thickened, violet colored, and sometimes rough. The disease is much more common upon the hand than upon the foot, and sometimes involves the whole palm, and flexor surfaces of the wrist and fingers; deep fissures take place in the direction of the natural creases of the hand, which render the extension difficult and very painful. The disease sometimes involves the extensor surfaces by gradually extending itself completely round the hand; at other times the dorsal surface of the hand is attacked first, and the disease is often confined to it. Here, as in the palm, the skin is dry, thickened

and coarse, and deep fissures take place especially over the joints, preventing flexion of the fingers. When confined to the back of the hand, it has been called *Psoriasis Dorsalis*, though there is little reason for considering it as a distinct variety.

Psoriasis upon the hands is an extremely troublesome and intractable eruption; it seems at times to be excited by handling irritating substances, as lime, sugar, &c., and by the continued action of soap and water. It is often called on this account grocer's, mason's and washer-woman's itch, which names are indiscriminately employed to designate any cutaneous disease affecting the hand, whether it be an Eczema, Lichen or Psoriasis.

PSORIASIS UNGUIUM.

Psoriasis may attack the nails either by the extension of the last variety, or it may be confined to the nails alone, and not extend to other parts of the hand; it is then apparently only an instance of *Psoriasis Guttata* confined to this locality; in either case the matrix of the nail is affected, rendering the growth of these organs vitiated, thick, irregular, shapeless, and often imbricated, and sometimes destroying them altogether. It is a most distressing and intractable affection, though fortunately rare.

In the three remaining local varieties, viz; *Psoriasis Labialis*, *Palpebrarum* and *Genitalis*, the eruption appears upon the junction of the skin and mucous membrane, and there are some symptoms common to them all.

PSORIASIS PALPEBRARUM OR OPTHALMICA.

The disease here attacks the eyelids; it usually commences at the external corner and may be confined to it altogether. The skin becomes thick, the motions of the eyelids are impeded, and considerable irritation is excited by the itching, and by the efforts to relieve it by rubbing and scratching. This variety is always an obstinate affection, and when it extends much upon the mucous membrane of the eye, it is peculiarly troublesome and rebellious. The eruption may be confined to the eye, or patches of it may be found at the same time on other parts of the body, especially upon the face.

PSORIASIS LABIALIS.

This is very similar in its course and tendencies to the preceding variety; it affects the lips, and forms a circle about one or both of them, with small thin scales usually, though the size and form are subject to considerable variation; the skin becomes dry, thick and harsh, and deep fissures occur, adding much to the annoyance and distress. This affection also frequently extends to the mucous membrane of the mouth, proving then very obstinate and troublesome. This variety is often found by itself, though occasionally associated with the eruption on other parts of the body. It is very rebellious, lasting months, years, and sometimes for life.

PSORIASIS GENITALIS.

Under this variety are included the three local forms, known from their locality as *Psoriasis Præputialis*, *Scrotalis*, and *Pudendalis*. When Psoriasis attacks the prepuce, the skin becomes dry and harsh, fissures take place, and any attempt to expose the gland is painful and followed by bleeding. The disease is more troublesome here, as in the preceding varieties, when it involves much of the mucous membrane. This variety may be found alone, or it may be associated with Psoriasis elsewhere. Circumcision is the proper remedy. This eruption sometimes extends to the penis and to the scrotum (*P. Scrotalis*) causing the usual symptoms, thickening of the skin, fissures, &c. It is also sometimes found upon the labia (*P. Pudendalis*) and is then one of the most distressing and inveterate forms, attended with great local irritation, acrid discharges from the vagina, harsh, fissured integument, Nymphomania, &c. Fortunately, Psoriasis Genitalis is not a frequent variety in any of its forms, what is commonly so called, being in fact an Eczema, a less obstinate eruption. The genital organs are the seat of syphilitic tubercles, not to be confounded with Psoriasis.

CAUSES.

The causes of Psoriasis are very obscure in most cases. It is more common among females than males,

but it is peculiar to no age or condition. It is often evidently hereditary. The constant exposure of the hands to irritating substances, as flour, sugar, lime, &c., and to soap and water, sometimes excites local Psoriasis. Willan states that the handling of cold metals, as is the case with smiths, founders, &c., has the same effect. Willan also believed that Lichen sometimes degenerated in Psoriasis, which, however, has been denied by Biett and most modern dermatologist.

DIAGNOSIS.

The diagnosis of Psoriasis is easy. From the scaly stages of the moist diseases of the skin, the history of the case and the elementary form of the eruption will distinguish it. Its distinguishing marks from Pityriasis and Lepra have been already given when describing those diseases. The diagnostic marks of Psoriasis which distinguish it from all other cutaneous affections are, a dry eruption of slightly salient patches, of thickened inflamed skin, of irregular shape and size, covered with scales; the centre of the patch is more elevated than the circumference, and is frequently rough and fissured.

PROGNOSIS.

Psoriasis is frequently a very obstinate and intractable disease, and the prognosis, as far as a permanent and lasting cure is intended, should always be guarded.

When apparently cured it is very liable to re-appear. The disease sometimes disappears spontaneously or from the effect of treatment, especially in the young, and in cases of recent occurrence; but in protracted cases, in the aged and debilitated, the prospect is not encouraging, the disease being found to resist the best directed treatment.

TREATMENT.

The treatment of Psoriasis is identical with that of Lepa. In Psoriasis Palmaris, Wilson recommends the spiritous solution of bi-chloride of Mercury, followed by a water dressing. Cazenave and Schedel recommend softening the indurated skin with mucilaginous washes, followed by some stimulating ointments, as of the Ioduret of Sulphur, the Ioduret of Mercury and the tar ointment.

ICTHYOSIS.

SYN.—*Fish Skin Disease ; Porcupine Disease.*

This affection of the skin, interesting rather in a physiological than pathological view, is characterized by the thickening of the epidermis into dry, hard, rough and very adherent scales of a dirty, greyish color, like the scales of a fish, hence its name. Properly it does not belong to this order of cutaneous diseases ; but as there is less propriety in placing it in any other, and as it is emphatically a scaly affection, and to prevent the too great multiplication of orders, it has retained, in almost all treatises, the place assigned to it by Willan.

A minute description of this disease would be out of place in this work, but as examples of it occasionally are met with, a short account of it is required.

The affection is sometimes confined to a part, though it is usually general or nearly so. All degrees of it are found, from the harsh dry epidermis, with a yellowish or dusky discoloration, to the rough, grey, permanent scale of half an inch in thickness, of confirmed Ichthyosis. It attacks by preference the surfaces of extension, and does not affect at all, or in a slight degree, those regions of the body covered by a thin moist, supple skin as the axilla, bend of the arm, the breast, face, &c. The soles

of the feet and palms of the hand usually escape altogether. Where it is not congenital and only partial, the limbs are most frequently affected. The general health is not at all affected by this disease, and the skin does not seem inflamed when the scales are removed. When it affects a whole limb it seems to encase it in a coat of mail. The thickened epidermis is divided into sections of an angular form and sometimes very much resembles the bark of a tree. The epidermis does not seem to differ in any important respect from the natural formation, except in its thickness and its adherence; its chemical properties are said to be the same.

PROGNOSIS.

While it in no way interferes with the general health, Ichthyosis is a permanent disease, and rarely yields to any of the various modes of treatment that have been, from time to time, recommended.

CAUSES.

Ichthyosis is frequently congenital, though the skin at first presents only a dry, harsh appearance, which eventually results in confirmed Ichthyosis; it is also hereditary, and farther than this we know very little of its causes. Biett says it is more common among males than females, twenty to one. The same causes that excite other cutaneous diseases, have been said occasion-

ally to produce this, as improper or scanty food, unwholesome situations, want of cleanliness, violent mental emotions. But this assertion should be taken with caution. These causes, to say the least, are not very striking in producing Ichthyosis.

TREATMENT.

The treatment of Ichthyosis has hitherto been unsatisfactory. Willan had considerable confidence in the use of pitch taken internally; his authority, and the want of all success by any other treatment, still preserves the occasional use of this article. The scales can be softened and removed by alkaline baths, and these followed by stimulant applications, are said sometimes to cure recent and partial cases. Sulphur vapor bath has been recommended in similar cases, but the permanent effects have not been very striking. Upon the whole, though the state of the digestive organs, in a few cases, seems to have some effect in this singular affection, in the imperfect state of our knowledge, little can be hoped from the use of medicinal agents.

ORDER 7th.—TUBERCULÆ.

UNDER this order of Tuberculæ cutaneous affections, are included all those cutaneous affections that have for their elementary form, small, hard, distinct tumors, which, when once formed, are sometimes permanent, sometimes removed by resolution, but more often shew a disposition to ulcerate, either with or without loss of substance. By this definition all those diseases which are eventually tubercular, but whose elementary character is pustular or squamous, as Acne, Psoriasis, &c., are excluded. Many of the tubercular affections have a malignant tendency, they are all of them obstinate, and for a large majority of them we know of no remedy. The more severe and malignant of them are fortunately rare in temperate climates.

Six diseases have been described under this order, viz : Elephantiasis of the Greeks, Elephantiasis of the Arabs, Frambesia, Molluscum, Keloides, and Lupus. It will not be consistent with the design of this Manual to give a full description of most of these diseases, as they are very rare, being exotics in this country, and their treatment very unsatisfactory.

ELEPHANTIASIS OF THE GREEKS.

SYN.—*Lepra Tuberculosa*; *Lepra Hebræorum*; *Lepra Egyptica*; *Lepra*, &c.

THERE is great confusion in the various descriptions of this disease in the different authors, and there can be no doubt that either very different diseases have been intended, or that the same disease has undergone great changes in the lapse of many ages, since *Lepra* was first described by Moses. Great uncertainty exists as to the real nature of the Jewish Leprosy; if it were in fact the Elephantiasis of the Greeks, as many suppose, it has been strangely modified. Many suppose that Elephantiasis is some modification of Syphilitic disease, an opinion scarcely reconcilable with the facts now established in regard to both diseases.

Elephantiasis of the Greeks is characterized by the partial or general eruption of small tumors or tubercles on the skin, varying in size and number, usually at first of a dull red or yellow color, gradually turning by age to a bronze. These tubercles differ considerably in their hardness and resistance. The disease is often at first confined to a small surface of the nose, face, scrotum or legs, at other times it is extensive and sometimes almost general. These tumors are usually less sensible to touch than the healthy skin, at other times they are exceedingly tender; and though they at first generally seem confined

to the skin, yet, eventually, the sub-cutaneous cellular tissue is involved, and great swelling and deformity is the result, and where the face is the seat of the eruption the effect is hideous. When the lower limbs are affected, they become unwieldly and misshapen, so as to resemble the legs of an elephant, while the dark tuberculated skin also bears some resemblance to the hide of that animal; hence the name of Elephantiasis.

The progress of the disease varies very much; sometimes the tubercles are indolent and few in number, and do not produce great distress; at other times they are more numerous, their progress is more rapid, the whole system is affected, the senses are blunted or lost, the mind becomes stupified, the appearance hideous, and the prognosis desperate; at other times the tubercles have a tendency to suppurate and slough, large masses of flesh sphacelate and drop off, and death slowly comes to the relief of the miserable sufferer. Elephantiasis usually seems to be a disease of the general system, for though in some cases, especially where the disease is partial, the general health seems good, yet, such instances are exceptions, for in the great majority of cases the constitution appears affected from the first; the mucous membrane of the bowels is very liable to be implicated. Inflammation of the eye, tubercles of the palate, throat and intestines, followed by ulceration, of Peyers glands especially, not unfrequently complicate this terrible disease. Great diversity exists in the statement of authors, in regard to the effect of this disease upon the Venereal appetite; while, with some, the *libido inextingibilis* seems to have

been one of the very prominent symptoms, other observers state that this appetite has been lost entirely and the genital organs atrophied. It would be a singular anomaly, if, when the senses generally are gradually lost to extinction, the patients become dull, morose, sad, and gradually idiotic, this passion should still be so very strong.

PROGNOSIS.

Though cures are sometimes affected by nature, yet they are rare, and the tendency of the disease is fatal; and the number of real cures is lessened by the relapses of those who have for a time been free from the disease.

CAUSES.

Most authors agree that the disease is occasionally hereditary, though not necessarily so. Cases are upon record, of persons after being afflicted by this disease, having had several children who never suffered from it. Its Syphilitic origin is not now generally accredited. Statements in regard to its contagiousness, differ materially. From these different statements, it would be inferred that Elephantiasis is not a contagious disease in temperate climates. In tropical climates, the general belief of the vulgar, and the opinion of many medical men, go to establish its contagiousness. Dr. Spies, an intelligent German Physician who practiced several years in South America, where he represented that he had many opportunities of observing the disease, assured me

that no fact was better established than that this disease was there contagious.

Elephantiasis is a disease of tropical climates; to this assertion there must be some qualification. An example of the disease has been known in a native of Portugal, who had never been out of that kingdom; an instance of the disease well authenticated, occurred in the State of New-York, in a young girl, who had never been out of the State, and who had no hereditary predisposition that could be discovered; and the disease is now reported as raging in the Province of Canada, where there is no proof that it has been imported or that it is contagious. In the *Gazette des Hopitaux*, for April 4th, 1844, is a short account of a memoir presented to the Academy of Sciences, by M. Danielssen, physician of the St. George's Hospital at Bergen. From this it appears that this disease has prevailed epidemically for half a century, upon the coast of Norway, and that out of two hundred thousand inhabitants, twelve hundred had been attacked. In the great number of autopsies the author of the memoir has had occasion to make, it was found that the skin and cellular tissue, and walls of the sub-cutaneous veins, were one indurated mass, yellowish, and granulated. The same induration was found in the eyes, larynx, trachea, bronchial tubes, pleura, liver, spleen, intestines, and uterus; the lungs alone escaped. The treatment hitherto has been very unsuccessful; when once developed, it has a tendency to a fatal termination.

There are however, few exceptions to a law nearly universal, that Elephantiasis is a tropical disease.

Beyond this the causes of this remarkable affection are obscure. Many causes have, from time to time, been stated, they are generally the same as are assigned to other cutaneous diseases and their influence is not well known. The depressing affections of the mind, low, unhealthy habitations, unwholesome food, salted meats, severe toil, abuse of spirituous drinks, &c., are among the causes assigned. The use of pork as food is believed by many to predispose to this disease. It attacks both sexes, all ages, and all conditions. The aged are less exposed to it.

TREATMENT.

After what has been said of the nature and prognosis of Elephantiasis, little need be added upon the treatment. As in other, almost hopeless diseases, a great variety of remedies have been proposed. The treatment followed by the best results, seems to be a general course of tonics and alterants, as Fowler's Solution and Corrosive Sublimate, great attention to the state of the secretions, with the local application of blisters, actual cautery, &c., to the tubercles. Some benefit also seems to have been derived from the external use of Iodine in the form of tincture or ointment. The internal use of Tinct. of Cantharides, Corrosive Sublimate, and Fowler's Solution, is said sometimes to do good. Under such treatment the tubercles become inflamed and resolution may follow, or suppuration and cicatrization may take place; such results are, however, unfortunately so very rare as scarcely to be expected.

ELEPHANTIASIS ARABICA.

SYN.—*Barbadoes Leg*; *Lepre Tuberculeuse Elephantine*;
Elephantiasis Tubercux of Alibert.

THIS also is a disease peculiar to tropical climates, and resembles the last in appearance, though not in fact a tuberculous disease; and it retains its place in this order rather from its name and from its similarity to the Elephantiasis of the Greeks, of which it is sometimes, though improperly, considered a variety, than from any claims it possesses to this classification. In fact, with strict propriety, it cannot be considered as a cutaneous affection, the skin being only secondarily involved in common with the other tissues, by the disease. It is primitively an affection of the sub-cutaneous glands and cellular tissue, and subsequently involves the skin. The lymphatics and veins are also involved, and when the legs are the seat of the disease, as is most frequently the case, the whole limb becomes unwieldy, swollen, very hard, roughly resembling the legs of an Elephant. It appears in all ages and conditions of life, in both sexes, and is not contagious; of its hereditary character, also, there exists some doubt. It has been regarded by some

as the Jewish Leprosy, and by others as a modification of Syphilis; but neither of these conjectures have, as yet, any positive foundation. It is very little under the control of medicine, is rebellious under every mode of treatment, and generally, sooner or later, fatal.

FRAMBESIA OR YAWS.

FRAMBESIA is a contagious disease of the skin, unknown in this climate, but not infrequent in Africa and in some parts of South America. Its nature is but imperfectly understood; it is characterized by the appearance of fungoid tumors resembling raspberries or mulberries. Though not immediately dangerous in its tendencies, the best treatment of it seems not to be established.

MOLLUSCUM.

UNDER this name Bateman has described two distinct diseases, the one contagious, the other not. The non-contagious variety is very rare and is characterized by the appearance of numerous indolent tumors of the skin, either flattened or rounded in form, and sometimes pendulous with a contracted neck. These tumors are neither malignant nor severe in their consequences, but often remain for an indefinite time, without causing any local or general irritation. There are two very well marked cases of this affection at present, in Washington City, one in a strong and healthy negro, and the other in his sister. I am indebted to the kindness of Prof. Sewall of that City, for a most interesting account of these cases. Charles H. Cragin, M. D., the attending Physician, kindly furnished him with the particulars. One of these patients, Wm. Davis, of 23 years of age, has his body and arms studded with these tubercles, of every size from the smallest pimple to that of a hen's egg. They are also found upon the palms of the hands, flattened somewhat from the pressure to which they are exposed. At the present time there is scarcely a square inch of the surface of the body, with the exception of the lips, cheeks, nose, and lower extremities, which is not covered with a greater or less number of these excrescences. Some of

them are pendulous, especially those upon the scalp, where some of them are attached by a small pedicle only.

“At a little distance these tumors present to the eye a peculiar shining appearance, as if they were formed of an accumulation of water under the cuticle, like small distinct blisters from the application of Cantharides; but they convey to the sense of touch a soft elastic feel, as if composed of gelatinous matter, encisted or contained in the cellular tissue, leaving, however, no impression of the fingers; but under more firm pressure they feel like cartilage.”

The patient enjoys uniformly good health and experiences but little inconvenience from the disease, except an intense itching, especially upon being heated, or while in a state of perspiration; cold ablution, especially with alcohol gives the greatest relief. He sometimes scratches off these excrescences when small, and a few drops of blood will ooze from the broken surface; a crust forms, the skin is renewed and a fresh crop soon follows.

The history of the case is as follows. When the patient was only a few months old, this affection commenced in small papules which have gradually increased in number and size to the present time. A sister of this patient, now aged nineteen, was free from all appearance of the disease till she was fifteen years of age; these tubercles then commenced in the same manner as they did on her brother, with considerable itching and burning; these tubercles have also been increasing in size and number to the present time; some of them are now as large as an egg.

The mother of these patients gave birth to a numerous family, none of whom were affected in this manner with the exception of the two youngest, whose cases have been described. A short time before the birth of the elder of these two, the mother was attacked with this eruption, which continued to increase up to the time of her death, a few years since. There is no evidence that the disease is contagious. Dr. Cragin has not had an opportunity of dissecting any of these tumors.

MOLLUSCUM CONTAGIOSUM.

This is a still more rare form of disease; Bateman saw but two examples, and very few cases have been recorded since. Cazenave and Schedel assert that a case has not yet been observed in France.

Wilson has been more fortunate, and, in his valuable work on cutaneous diseases, has given an account of this affection, drawn from his own observation and from the recorded cases of the disease. Upon examination of these tumors, he says, "I found them to present all the characters of a small conglomerate gland, consisting of several lobules held together by areolar tissue, and the lobules composed of ramified ducts and terminal sacculi." He does not consider them contagious; he recommends for treatment, laxative medicine, and touching the tumors with lunar caustic; laying them open and touching them with caustic; removing them by ligature or scissors. To prevent their return, he recommends the

use of some stimulating wash as in Acne. Authors do not agree in regard to the contagiousness of this disease. In the cases reported by Dr. Patterson in the Edin. Med. and Surg. Journal, the disease was believed contagious.

There is still another form of cutaneous tubercular disease which may be considered a variety of Molluscum. It is characterized by the eruption of numerous small tumors in the skin and sub-cutaneous cellular substance, varying in size from a pea to a marble, of a round or oval form, and I believe never found except in a highly cancerous diathesis. Dr. Mussey, who has seen several instances of this affection, says that he once saw them developed in a man who gave no other evidence of malignant disease; upon being excised, a new crop suddenly sprung up, more numerous than the first. The patient died and, upon dissection, a large encephaloid tumor was found in the liver. Another similar case occurred to the same surgeon connected with mammary scirrhus; and, in 1840, after extirpating a scirrhus mammary gland, in a few days several of these tumors sprung up in the neighborhood of the wound; these were excised but were rapidly succeeded by numerous others, till, within a few weeks, the body was covered by these small tumors. Another very strongly marked case came to this city for advice during the past year. The patient was a man about forty years of age, and had his back, neck and chest covered by these tumors; he had the characteristic appearance of cancerous disease, the white waxy skin, &c., and upon examination, a very suspicious tumor was found in the axilla; this tumor proved encephaloid.

Cruviellhier has given an account of the disease, illustrated by a faithful delineation; and in the July number of the American Journal of Medical Sciences, for 1844, Dr. Atlee of Lancaster Pennsylvania, has given an account of a similar case connected with encephaloid disease. Several other cases have been reported in the Medical Journals.

From its uniform connection with cancerous disease, nothing need be added as to its cause, prognosis or treatment.

KELOIDES.

This is another rare affection of the skin, occurring usually in young persons, upon the face, neck or breast, and is not of a malignant character, being usually indolent; it is accompanied by some pain, resembling cancer. It appears in the form of a flattened tubercle in the skin, of a natural or red color, and resembles much a deep burn. This disease also sometimes occurs in the palms of the hands; an instance of it presented itself to me lately in a healthy laboring man where by the thickening, induration, and contraction of the skin and cellular tissue, the power of extending the hand was almost lost.

TREATMENT.

Caustics do not seem to succeed well in the treatment of this disease, as they are frequently followed by obsti-

nate ulcers. Where, to prevent deformity, or for any other reason, it is thought best to interfere at all, excision by the knife has succeeded best; little permanent benefit is to be hoped even from this.

LUPUS.

SYN.—*Lupus Vorax*; *Herpes Exedens*; *Herpes Æsthiomines*; *Dartre Rongeante*.

Of all the diseases included in this order, Lupus is the only one that is sufficiently frequent to require a full account in a work like the present. This disease is characterized by the eruption of flattened tubercles, appearing usually upon some part of the face, of a deep red color, varying, however, considerably in intensity, which after sometime ulcerate. This ulceration is frequently destructive, and, when cured, leaves an irregular unsightly scar from the loss of substance, like a deep burn. Though generally commencing in tubercles, as has been said, it sometimes commences with a simple discoloration of the skin, without any or with very little sensible elevation; and sometimes, though very rarely, Lupus commences in the form of a pustule, and has already been described under the order of Pustulæ.

Three varieties have been described by Bielt; *Lupus Exedens*, *Non-exedens*, and *Lupus with Hypertrophy*.

LUPUS NON-EXEDENS.

This variety of Lupus is not confined to the face, though that is its most frequent locality ; it is sometimes found upon the neck, limbs and body. Sometimes it commences upon an inflamed portion of the skin of a deep red or dusky color, attended by some heat, itching and swelling ; soon excoriations appear, then ulceration and the formation of a scab, with an areola of inflamed and tender skin. The first appearance of the disease is more frequently, however, in the form of one or more soft, flattened tubercles, not very distinct, generally oval in shape, and but little elevated. These tubercles, after an indefinite time, ulcerate, new tubercles spring up in the vicinity of the ulceration, and thus the disease proceeds ; after the inflammation subsides and the ulcer heals, the skin is thin and glistening, with bridges extending across it, resembling very much the cicatrice of a burn ; in places the skin seems to have been partially absorbed, without ulceration, so as not to be more than half of its usual thickness.

The disease varies considerably in its progress ; sometimes from its first appearance its course is steady, while at other times it may remain for a long time indolent, and again, the affected part may heal and the eruption break out in another place, and the affection may proceed in this way till the whole face is successively invaded, and when cured, the disease leaves an unseemly scar. After cicatrization has been entirely effected, and the physi-

cian and patient are flattering themselves that the disease is cured, it will often break out afresh and attack the cicatrice and in a few days become as extensive as ever.

No part is respected in its progress; it extends by the formation of new tubercles about the ulcerations; these tubercles in their turn ulcerate, and when healed leave the surface with the scar peculiar to the disease. Though this variety does not usually commence upon the nose, it often by extending implicates it, and, after running over a greater or less portion, heals leaving it thinned, irregular and shining. The ulcerations during their progress are covered with dirty, greenish, thick crusts, beneath which profuse suppuration goes on with the formation of an unhealthy, irritating, icherous pus, which inflames the surrounding skin and often seems to extend the disease.

This variety of Lupus is not always accompanied by ulceration; the skin becomes inflamed, excoriation takes place, the affected surface is very sensitive, and in the mean time, though there has been no suppuration, the skin is found thinned, shining, and resembles very much a superficial burn. This appearance is usually permanent, though it somewhat diminishes by time. It is upon the face that this form of the disease is seen.

LUPUS EXEDENS,

This variety frequently commences in the same way as the last, but instead of being superficial, it extends through the skin and cellular substance, and by its destructive

ulceration makes dreadful ravages. The nose is a frequent seat of this variety and is sometimes entirely destroyed, the skin, cellular substance and cartilage, even to the bones, being successively destroyed in its course. The disease extends itself as in the last variety by fresh tubercles surrounding the ulcer, which in turn ulcerate, and the disease thus proceeds respecting nothing in its course, lips, cheeks, nose and eyelids being successively attacked and destroyed, the face being red, swollen, ulcerated and distorted.

Sometimes *Lupus Exedens*, instead of appearing and going on as we have described, commences in a single obscure tubercle, usually upon the cheek, nose or ear, which ulcerates and becomes invested with a small adherent crust; this upon being removed discovers some loss of substance, but is soon replaced by another scab under which the ulceration goes on, extending deeper and deeper, destroying the skin, cellular substance, cartilage &c. till, if not arrested, the whole nose is destroyed. Sometimes instead of one, several of these tubercles appear at once, go through the same course till they run together and form one large ulcer; at other times, no distinct tubercle can be found, some part of the face or nose simply swelling and appearing inflamed, upon which ulceration with loss of substance takes place; this destructive ulceration may go on without any distinct tubercles, till the whole nose or lip is destroyed, leaving hideous deformity.

Little pain accompanies these devastations, and the general health often does not seem to be affected. The

rapidity of this destructive process varies very much in different cases, a few weeks being sufficient in some cases to destroy the whole lip or nose, and at other times the scab or ulcer will exist for many months or even for years without making sensible progress. The disease sometimes commences within the nose, like coryza, and the mucous membrane, cartilages, and a part of the septum may be destroyed, before the skin is affected.

LUPUS WITH HYPERTROPHY.

This differs much from the other varieties. Its locality is the face, and commences by the appearance of tubercles formed by the thickening of the skin and the sub-cutaneous cellular substance; the circulation becomes impeded, anasarca ensues, and though ulceration is rare in this variety, the face becomes a disgusting bloated mass, in which the features are scarcely perceptible; a slight desquamation follows, some of the tubercles are absorbed and leave peculiar whitish cicatrices scattered among the tubercles and swollen skin. This variety is rare, and, were it not at times followed by obstinate ulceration, would not with propriety be considered as a Lupus at all.

CAUSES.

Lupus seems generally to be connected with a scrofulous constitution, and, beyond this we know little of its causes.

It attacks indiscriminately both sexes, and though rarely seen in the decline of life, it is found with youth and adults. Cazenave says it is more commonly found among the inhabitants of the country than of the city.

DIAGNOSIS.

Lupus may be mistaken for Impetigo, Acne, and Cancer. Lupus is a dry tuberculous disease, while Acne and Impetigo are both moist and pustular affections. The elementary form of the eruption, the red or pink areola, and the absence of destructive ulceration of the affected tissues, should always distinguish the pustular disease from Lupus. The hard tumor upon an indurated base, the inflamed areola, the severe, shooting pains, and the greater age of the patient in Cancer, should distinguish it from the soft flattened tubercles, of a dull red or livid color, the absence of pain, heat or inflammation, of the tuberculous disease. The dark dusky color, the equal, simultaneous eruption of Elephantiasis distinguish it from Lupus. The climate in which Elephantiasis is usually found, will also assist in the diagnosis. To distinguish Lupus from the tuberculous Syphilitic eruption is not so easy. In the Syphilide, the coppery, greyish color, the abrupt edges of the ulcer, as if cut with a punch, its tendency to extend in depth rather than latitude, its situation at the junction of the nose and face or at the commissure of the lips, the existence of other syphilitic eruptions, and especially the history of the

case, will usually enable us to make a correct diagnosis. It is sometimes very difficult however.

PROGNOSIS.

Notwithstanding Lupus is not fatal to life, still the uncertainty of any remedy arresting the disease before considerable ravages are committed, the liability to relapse, the destructive ulceration and the consequent deformity, notwithstanding our best directed endeavors, should always render the prognosis guarded.

TREATMENT.

The general treatment of Lupus consists in restoring and preserving the general health as far as possible. For this purpose a mild, but nutritious diet, general bathing in water, salt and water, or alcohol and water are useful. At the same time tonics, as bitter infusions, mineral acids, and the preparations of Arsenic, with laxatives and alterants, as Plummer's Pill, are useful. Lisfranc is partial to the use of Muriate of Barytes; the Hydriodate of Potassa is frequently used. In young and plethoric patients, the general or local loss of blood is often required.

In the local treatment of Lupus, almost all practical physicians agree in directing the application of caustics

to the ulcer so as to destroy its surface, and in stimulating applications to the tubercles to promote resolution. For the first indication, a variety of caustics have been recommended; the Arsenical Powder of Dupuytren, consisting of ninety-eight or ninety-nine parts of Calomel to one or two of the white oxide of Arsenic, Caustic Potash, Nitrate of Silver, common arsenical paste, concentrated mineral acids, Corrosive Sublimate, Iodine in a solution of Hydriodate of Potash in water, and the Chloride of Zinc are all efficient; but the ulceration will sometimes resist any of them.

To produce resolution of the tubercles, one of the most efficient applications is the local vapor douche. The application of some stimulating ointments, washes or tinctures, are also used; perhaps the preparations of Iodine are the most efficient; the tincture is one of the best for this purpose. Bielt preferred the Iodide of Sulphur in an ointment. The animal oil of Dippel has been highly recommended; a sponge moistened in this oil is to be passed over the tubercle as often as can be borne without inflaming the part too much. Solutions of Arsenic, Corrosive Sublimate, Nitrate of Silver or Nitrate of Mercury have been recommended for the same purpose. In the application of any of these stimulants, care should be taken not to irritate the part so as to excite ulceration.

The treatment of Lupus, however, is frequently unsatisfactory; where ulceration with loss of substance has occurred, even if its ravages can be stopped at once, and the part healed, the cicatrices will contract, the nostrils,

eyes or mouth become distorted and leave a hideous deformity; during the process of cicatrization the nostrils should be kept open with tents, and the distortions upon the face should be prevented as far as possible by means of suitable dressings.

ORDER 8th.—MACULÆ.

THIS order comprises all those permanent alterations of the skin characterized by an increase or deficiency of the natural pigment. These affections are rarely accompanied by any unusual heat, inflammation, elevation or disease of the skin, or by any general disturbance of the system, and should be considered rather as Physiological than Pathological changes. According to this definition of the diseases of this order, it would comprise but two diseases, viz: *Ephelis* and *Nævus*. Purpura has been usually placed in this order by dermatologists, and no doubt correctly, if it be considered as a cutaneous disease at all.

PURPURA.

SYN.—*Hæmorrhæa Petechialis* ; *Petechia* ; *Morbus Maculosus Hæmorrhagicus* ; *Peliose* of Alibert.

Purpura is characterized by the appearance of small spots of a dark red, livid or even violet color ; they are situated beneath the cuticle or in the substance of the dermis, are unaccompanied by any pain, heat or itching ; there is, usually, no elevation of the skin, and like real Echymosis they are gradually absorbed, the color fading away from violet, purple or black to yellow and fawn color, and finally to the hue of health. Though usually a symptom of ill health, it is not always accompanied with any appreciable disturbance of the general system, but it is usually preceded by symptoms of languor, debility, &c.

Willan made five varieties of Purpura, viz: *Purpura Simplex*, *Hæmorrhagica*, *Urticans*, *Senilis* and *Contagiosa*. The last variety, *Contagiosa*, is in fact a fever of which the Purpura is only a symptom, and should not therefore be considered as a distinct cutaneous disease. *Purpura Senilis* does not differ from P. Simplex except in the age of the patient ; and *Purpura Urticans* is only P. Simplex, with a slight effusion of blood beneath the cuticle, so as to give it a little elevation like *Urticaria* ; so that Willan's

five varieties may, for all practical purposes, be reduced to two, viz: *Purpura Simplex* and *Hæmorrhagica*.

PURPURA SIMPLEX.

This variety is characterized by the appearance of spots upon the body or limbs, more frequently the latter, of a red, livid or violet color, without any pain, itching or desquamation. These spots are commonly round, varying in size from the head of a pin to a pea, more numerous upon the limbs, though not confined to them, distinct and unelevated and like echymosis, gradually fading away from red to brown, yellow, and finally to the natural color of the skin. The spots in *Purpura Simplex* are not at all salient commonly, yet, at times they are distinctly so, and are accompanied by considerable itching and irritation, constituting Willan's variety, *Purpura Urticans*. Though commonly preceded and accompanied by symptoms of general lassitude and debility, yet it sometimes makes its appearance unexpectedly in the young and vigorous, unaccompanied by any general derangement. Like most other cutaneous diseases the eruption of the spots is successive, so that while the first are becoming pale and disappearing, new ones are appearing to run through the same course, and thus the eruption is maintained indefinitely. Sometimes the eruption is obscurely periodical, then usually corresponding with the menstrual period; sometimes it is found accompanying low grades of fever; sometimes it is found not only upon the skin,

but appears upon the mucous membrane. The duration of the disease varies from a week or two to years; when, however, thus prolonged, there are usually periods when the eruption has for a longer or shorter time disappeared entirely. It is not usually followed by desquamation.

PURPURA HÆMORRHAGICA.

This variety differs from the last, in the spots being larger, more numerous, less regular in their form, and in the more extensive effusion of blood beneath the cuticle, often involving the cutis itself, and the sub-cutaneous cellular tissue. It usually is first seen upon the lower limbs and body, and even when the eruption is almost universal, these parts are most affected. The mucous membranes are also affected, and at times extensive Echymoses will be found in them; and in severe cases of Purpura, copious hæmorrhages take place from these tissues, and greatly increase the danger, and when the disease has proved fatal, it has usually been by hæmorrhages from the nose, mouth, lungs, stomach, intestinal canal, or uterus; it may occur from one of these organs alone, or from several simultaneously; after death hæmorrhage is frequently found to have taken place from the serous membranes, as the plura, archnoid and peritoneum. The disease varies very much in its duration, being at times readily cured, at other times the hæmorrhagic disposition is manifest for months or years, by the occasional appearance of the eruption.

This variety is almost always preceded and accompanied by symptoms of lassitude and debility ; the patient complains of weariness, pain in the limbs and back, precordial oppression, and of depression of spirits. The pulse is usually weak and very compressible; to this last however, there are some marked exceptions, where the disease seems to assume a kind of inflammatory character. The eruption is often preceded by symptoms of languor of the general circulation, and venous congestions. The state of the digestive organs varies considerably in this disease; generally these organs are deranged ; cases of severe Purpura however, are met with, where there is no such derangement. As in the last variety, there is usually no elevation of the skin; to this there are rare exceptions, more so indeed than in Purpura Simplex. When Purpura Hæmorrhagica occurs in the old and broken down, its peculiarities are more distinct, and for this reason it was described by Willan as a distinct variety, *Purpura Senilis*. In some stages of the contagious fevers, as Typhus, Variola etc. these maculæ are not unfrequently met with, constituting the *Purpura Contagiosa* of Willan.

DIAGNOSIS.

The diagnosis is easy. From all of the Exanthemata it is distinguishable by its being deeper seated, by its colour, and by its not disappearing upon pressure with the finger. The bites of insects are usually less numerous, and present a whitish center, are elevated and ac-

accompanied by some irritation, and are not usually of the same color. From Syphilitic eruptions, the history of the case, the progress of the disease, and the general symptoms will commonly suffice to distinguish it; though in old age and in constitutions broken down by Syphilis and its injudicious treatment, true Purpura is not unusual.

PROGNOSIS.

In Purpura the prognosis is usually not unfavorable; in Purpura Hæmorrhagica occurring in the aged and in broken down constitutions the prognosis should be guarded; notwithstanding all our attentions, hæmorrhages from the mucous surfaces may occur, emaciation and edema supervene, followed by death.

CAUSES.

The etiology here, as in many other diseases, is often obscure. In many cases the disposition to this disease may be found in want of proper food, clothing and cleanliness—dwelling in low unventilated, damp situations—in constitutions reduced and broken down by misery, by depression of mind, by excesses, by disease, by the abuse of mercury and alcoholic drinks;—in debilitated old men, in feeble and exhausted women, and in those deprived of light, fresh air and exercise, as prisoners, &c. In many cases of Purpura however, none of these causes are found,

the disease appears in those who, up to the time of attack, are healthy, robust, young, of good habits and in favorable circumstances. Long protracted watching, anxiety, severe affliction &c. have been enumerated among its causes. It is peculiar to no age, sex or climate; it sometimes occurs suddenly, without any satisfactory cause. Some individuals seem hereditarily predisposed to it, and with some, pressure with a finger upon the skin will produce echymosis.

TREATMENT.

From what was said of the causes, as would be presumed, the treatment varies much in different cases. In the plethoric, well fed, young and robust, general depletion by venesection, cathartics &c. will be found necessary. In some cases however, to which this course of treatment would seem adapted, from the apparent causes of the affection, and the circumstances and condition of the patient, the physician is disappointed in finding that the disease, so far from being cured, is manifestly aggravated by the remedies.

In the treatment of all cases of Purpura, fresh air, gentle exercise, wholesome food, and, in short, great attention to Hygiene are essential. In cases occurring in the feeble and debilitated, cold bathing either in simple or salt water, or in diluted alcohol, journeying, the use of bitters, of the mineral acids, and tonics generally, is indicated. Patients are often found to bear aperients and purgatives better than would have been expected from their appa-

rent debility, and these remedies can often be given at the same time with tonics with advantage.

There is often considerable perplexity experienced in correcting the state of the general health that exists in Purpura, and it is only after successive trials, that the best mode of treatment can be ascertained.

LENTIGO.

SYN.—*Taches de Rousseur* ; *Freckle* ; *Ephelis Lentiformis* ;
Pannus Lenticularis of Alibert.

Of this very common and well known affection of the skin it is necessary to say but little ; it is characterized by the appearance of small, round or oval, yellow or brown spots, usually upon the parts exposed to the sun and wind, as the hands, face, neck, &c., though in some cases scattered over the whole body, accompanied by no symptoms of local irritation or general derangement.

CAUSES.

Children and youth, especially females with light or sandy hair, and delicate complexions, are most affected by Lentigo. Exposure to the light and air, with such as

are predisposed, are efficient causes. Its real pathology is obscure. It sometimes appears so soon after birth, that it may be considered congenital. It is an affection of no importance in any regard except its appearance.

PROGNOSIS.

Lentigo sometimes disappears spontaneously or under the application of remedies, but usually it is a permanent affection, yielding to no treatment; it is much more distinct in some seasons of the year and at some periods of life than at others.

There is no difficulty in the diagnosis of this very common and well known affection.

TREATMENT.

A great variety of lotions and cosmetics have been recommended for Lentigo; Lead water, chlorine or sulphurous washes, sulphur internally, diluted mineral acids, alcoholic washes, &c., &c., have been often used, but generally with little or no benefit.

EPHELIS.

SYN.—*Chloasma; Liver Spots; Pannus Hepaticus; Taches Hepatiques.*

There is great confusion in works upon cutaneous affections in regard to Ephelis; by some it is confounded with Lentigo; according to others it comprehends a variety of Pityriasis, and others again confining the term, Ephelis, to its true etimological meaning have applied it only to the change in color that the skin undergoes from exposure to the sun, vulgarly called "*tanning*."

There is a peculiar affection of the skin, differing little from Lentigo except in the size and shape of the patches of discolored skin, not uncommon in females of blond hair and fair complexions, varying in size from the spot of Lentigo to the size of the hand and sometimes much larger, unaccompanied by any saliency, itching, local irritation or general derangement, which is usually understood as Ephelis. The color varies somewhat; it is usually a fawn color, or a brownish yellow.

CAUSES.

Dysmenorrhea, pregnancy, and some affections of the mucous membranes of the intestines are occasionally accompanied by this discoloration. It was formerly, without foundation, supposed to depend upon the liver. In most cases we are unable to find a satisfactory cause for this affection; the general health is not at all affected.

DIAGNOSIS.

Pityriasis is the only disease for which Pannus Hepaticus can be mistaken, from which it can be distinguished by the absence of all itching, desquamation and irritation.

PROGNOSIS.

When once present, Ephelis often does not entirely disappear for life, though it may become very indistinct; in other cases it disappears without much delay, to reappear at a subsequent catamenial period or pregnancy. As to treatment, the same may be said as of Lentigo. Sometimes, however, it is connected with some visceral derangement, and will disappear upon the removal of the cause.

NÆVUS.

SYN.—*Mother's Mark; Maculæ Maternæ; Mole; Envies.*

UNDER the name of Nævus are comprehended all those congenital marks usually of a florid, claret or purple color, of every variety of shape and extent, which are vulgarly believed to be due to the influence of the imagination of the mother on her unborn child. Those elevated and forming erectile tumors come within the province of the Surgeon. Those discolorations, unaccompanied by any elevation of the skin, are of no importance, except on account of the deformity they produce.

CAUSES.

Notwithstanding the very many ridiculous stories told in regard to the origin of these spots, and notwithstanding most of the cases of the alledged coincidence are too absurd to be entertained for a moment, there seems to be some reason for the universal popular belief that these nævi are occasionally due to the influence of the emotions of the mother; beyond this nothing is known of their cause. They are permanent and never disappear wholly though they are much more distinct at some times than at others.

TREATMENT.

When small, the vaccine pustule will sometimes cure them ; when large, excision is the only remedy ; and even here the discoloration will return if the skin alone be cut out, even where the whole affection seemed confined to that tissue ; the incision should be carried so deep as to remove the subcutaneous cellular tissue.

The exposure of the skin to the rays of the sun and to wind, will turn it to a brown or almost bronze color, which, if the exposure be not very protracted, will disappear ; but in those who are for years exposed to all vicissitudes of weather, &c., the skin of the face, hands and other parts exposed will never again resume their natural color. The whole subject of the color of the skin is very imperfectly understood. Some parts of the surface of the body are naturally of a darker color than the remainder ; as the genital organs.

Besides these discolorations of the skin, there are a number of affections due to the want of the usual amount of coloring matter. When this want is general, the skin is of a milky white color, the hair is white and silky, and the coloring matter of the Iris is wanting, constituting what is usually denominated Albinism ; when partial and confined to a small space as the hands, face, or scrotum, it is called Vitelligo. The cause of this want of color is not at all understood, and no benefit can be hoped from treatment.

The internal use of Nitrate of Silver continued for a long time will sometimes change the color of the skin to a dusky dirty or bluish bronze, which is usually general, though sometimes partial. There is at present a gentleman in this city, who took this remedy as a tonic for a considerable time, upon whose skin there are several spots thus discolored though fortunately there are none upon those parts usually exposed. This discoloration does not seem to affect the general health at all, and is only to be dreaded on account of its deformity. When once present, it is permanent, though sometimes in the course of years it fades somewhat. In some very rare cases the long continued use of arsenic seems to dye the skin of a permanent yellow color not so distinct however, as that from the use of nitrate of silver.

SYPHILIDES.

NOTWITHSTANDING the attention bestowed upon the subject of Syphilis, there are many questions still unsettled both with respect to the immediate and the subsequent effects of this poison, when once introduced into the system. The design of this treatise prevents any account of this disease farther than it is connected with affections of the skin; but to understand the connection of these affections with each other, and with the original disease, will require a brief notice of the disease itself, with its immediate, proximate and ultimate effects. The term, Syphilides, is used to designate all the cutaneous eruptions excited primitively by the syphilitic virus in the system; they, together with the corresponding affections of the mucous membranes, constitute Ricord's secondary symptoms of Syphilis.

According to Ricord, the effects of Syphilis are manifested under three very distinct classes of symptoms; Primary, Secondary and Tertiary;—all these symptoms are caused by a single virus, and they all originate from a chancre; and a chancre with an indurated base, or the true Hunterian chancre is essential to the production of the secondary symptoms; and a chancre with an unindurated base is never followed by the syphilitic eruptions.

Under the primary symptoms of Syphilis, Ricord places the immediate effects of the contagion, as chancre, bubo, &c. The pus from these will produce chancre, and this is the only stage of the disease that is contagious. The primary symptoms are never hereditary, the only instances, where children are born with them, are those in which the infant contracts them from a mother in the act of birth.

The tertiary symptoms of Syphilis are all those deep seated affections that always commence beneath the skin, usually in the cellular substance. This stage of the disease comprises all the deep ulcerations of the throat, nose, &c, and all the syphilitic affections of the bones. These symptoms may occur at any time after the original chancre, from six months to twenty years; they follow indifferently the indurated and unindurated chancre; they appear in many patients who have escaped the secondary symptoms altogether; and we know of no method of treating the primary disease which will afford any security against these consequences. The tertiary form of the disease is never contagious or hereditary; children born from parents affected with it, are stated by Ricord to be of a scrofulous diathesis.

Those affections, which are classed by Ricord as the secondary symptoms of Syphilis, and called by John Hunter the first period of constitutional Syphilis, are in fact the only ones that come within the scope of a treatise on the diseases of the skin. These secondary symptoms have, according to Ricord, some striking characteristics; they constitute the only form of Syphilis that is hereditary;

they are none of them contagious, and cannot be communicated by inoculation; they are always preceded by an indurated chancre; and they are the only form of the disease in which mercury can be said to be a specific. Several of these statements have been disputed. Many observers, as Hunter, Baumes and Cazenave, have seen constitutional Syphilis follow Gonorrhea; in such cases Ricord believes that there has been a chancre concealed in the Urethra; and though this cannot of course be demonstrated in all cases, it is probably the true explanation of the few exceptions to an almost universal rule; and a physician cannot be too incredulous in those cases where patients state that they are affected with the secondary form without even having suffered from a chancre.

The question, whether the Syphilides are ever communicated by inoculation, contact, or habits of intimacy, is an exceedingly interesting one. In regard to inoculation, I believe that all the cases, where experiments have been able to reproduce Syphilis from the secondary symptoms, have been that form called the *Mucous Tubercle*, hereafter to be described; these exceptions have been fairly explained by Ricord, on the supposition that a chancre in stage of reparation with granulations has been mistaken for a Mucous Tubercle; at all events such inoculations have produced chancres and not Mucous Tubercle as would have been expected.

There are numerous cases on record, well authenticated, where Syphilis has been communicated from a person affected with secondary symptoms to persons with whom they are in habits of close intimacy, as from

a nurse to a child, from a child to a healthy nurse, and from a husband to a wife. In answer to this it may be said that it is well known that both the primary and secondary forms of the disease may be present in the same individual at the same time; this may be one source of error; it is also but too well known that the testimony of the affected individual is to be received with great caution. It is not certain that because a nurse contracts the disease while nursing a child affected with secondary Syphilis, that she has not been exposed to the primary form; and the same is true where the disease arises between a husband and wife. The question cannot be considered as absolutely decided, still it is probable that it will eventually be proved that the few apparent exceptions to a very general rule will be found due to some defect in the accuracy of the observation or to some deception in the testimony.

The classification of Willan has done much to simplify and arrange these secondary Syphilitic eruptions or Syphilides; it is now found that they assume the elementary characteristic form of most, if not of all the eight orders; and that they frequently run through several before they arrive at a state of maturity; for instance, the eruption may at first be a rash, then vesicular, then papular, then tubercular, and finally become an Ephelide or one of the Maculæ. Of the several orders of Syphilides it may be well to speak separately.

EXANTHEMATA.

There are two very distinct eruptions belonging to this order, the one called Syphilitic Roseola, which usually precedes all other forms of Syphilitic eruption, and the other Syphilitic Ephelis, or the stain which remains after the disappearance of some eruption belonging to another order.

Syphilitic Roseola is frequently the form of secondary Syphilis that makes its appearance the earliest after the contraction of the primary disease. The patches are usually irregular, circular, very slightly elevated, of a red color which generally soon becomes dull and eventually greyish and coppery. At first the redness disappears very nearly or quite under pressure, but after sometime the discoloration is more permanent. It is usually unaccompanied by any general or local symptoms. In itself it is an unimportant affection, though it is often a precursor of other and more troublesome forms of Syphilitic eruptions. The eruption that is excited by the use of Balsam Copæva and Cubebs has been mistaken for this Roseola, and it is probable that some of the cases, where Syphilides are said to have followed Gonorrhea, are to be explained in this manner.

The discoloration improperly called Syphilitic Ephelis, which follows the papular, tubercular and other forms of Syphilitic eruption, has been somewhat erroneously described as belonging to this order; by others it has been described as a maculous disease, with scarcely more

propriety. It is often the only remains of an eruption, and it is generally very slow to disappear. It assumes, of course, the shape of the previous eruption; the color is darker, more coppery, than Syphilitic Roseola, and when upon the lower limbs, especially, it often appears of a dusky, violet tint; it does not disappear upon pressure with the finger. The skin which is the seat of this discoloration is often thinner than natural, even where there has been no ulceration, and there is slight depression, giving it the appearance of a cicatrice. These discolorations usually slowly disappear, and the only unnatural appearance that remains is a slightly depressed spot of skin, whiter than usual; sometimes, however, the skin, after the disappearance of the eruption, is perfectly natural. We know of no mode of treatment that will promote the disappearance of this affection.

VESICULÆ.

The vesicular form of Syphilitic eruption is very rare; cases of it occasionally present themselves; they occur, however, usually in complication with other Syphilides, particularly the papular. It assumes at times all the forms of other vesicular diseases; the vesicles may be irregularly scattered like an Eczema, or collected in circular patches upon an inflamed base like Herpes, and it at times resembles Varicella. Upon disappearing it is succeeded by the greyish, coppery discoloration, already described.

BULLÆ.

Both Pemphigus and Rupia are occasionally seen as the result of Syphilis. Cazenave asserts that Syphilitic Pemphigus is never seen except upon newly born infants who are hereditarily affected, and that with them, it is not a rare disease. Paul Dubois has remarked, that all the cases which he has seen have been rapidly fatal.

Rupia also occasionally appears as the result of Syphilis; the characteristic conical scabs may be preceded by the blebs as in common Rupia, or, according to Ricord, they may occasionally be the consequence of a severe Syphilitic Ecthyma. Upon the removal of the scab, a foul, unhealthy ulcer is found, with abrupt, perpendicular edges, as if cut with a saddler's punch. This eruption appears usually in the broken down and debilitated and is sometimes obstinate.

PUSTULÆ.

Here the Syphilides assume the characteristics of the several eruptions belonging to this order that are not specific. The most usual form of pustular secondary Syphilis is that of Acne. This variety is very slow in its progress, accompanied with but little pain or uneasiness; the papule that precedes the pustule is decidedly of a copper color, and after imperfect suppuration it is absorbed leaving a permanent scar.

Sometimes secondary Syphilis appears as an Ecthyma

or Impetigo. As an Ecthyma it is apt to be obstinate, especially in broken down constitutions.

APULÆ.

It is not rare for secondary Syphilis to put on the papular form, but the Syphilitic Roseola usually precedes the eruption of papules. The pimples may be disseminated, as in Prurigo, or they may be grouped forming the Syphilitic Lichen or Scabies Venerea. The papules may be small, but they are more frequently large, flat, slightly elevated and of a dull copper color. These papules may, either spontaneously or under the proper treatment, disappear, but frequently they increase in size till they become real tubercles and more often still, they extend in size, become flat, and covered with scales and then may properly be considered as examples of squamous disease. Suppuration and ulceration sometimes take place in these papules, and, very rarely, an elevation of the epidermis by the effusion of serum in the form of vesicles or blebs.

These papules, of various sizes, sometimes break out in great numbers upon the forehead. They then resemble Acne Indurata, and have been called *Corona Veneris*. Generally the papular is not a very obstinate form of Syphilide; much in this respect depends upon the time that elapsed after the primary disease, before the appearance of any constitutional symptoms, and also upon length of time since the appearance of the eruption; in

recent cases of Syphilides, which has followed close upon the primary disease, a few weeks will be all that are required for a cure.

SQUAMÆ.

The Syphilitic eruptions belonging to this order appear sometimes as squamous diseases primarily, but more frequently they are transformations of eruptions belonging to other orders, as the papular, pustular, &c. They put on the forms both of Lepra and Psoriasis. In both cases they resemble very much the ordinary squamous diseases that are not due to any specific cause. The characteristic color is however commonly very remarkable; and the progress of the eruption is usually very slow. In the leprous Syphilide the arcs of the circles impinge upon or cross each other, so as, at times, to present a singular appearance of irregularly curved lines and broken segments of circles. The color of this affection is sometimes very dark, and some of the cases of Lepra Nigricans are in fact Syphilides. The soles of the feet and the palms of the hands are not unfrequently affected by the squamous Syphilitic eruptions.

TUBERCULÆ.

This is one of the most frequent forms of secondary Syphilis, and several distinct affections are comprised

under this order. Often some of the preceding eruptions degenerate into a tuberculous disease. These tubercles sometimes increase till they are as large as a cherry; they may be distinct and isolated, and are usually of the characteristic copper color, though if they do not disappear by resolution, they in some cases become whiter than the natural skin. They usually terminate in resolution, though sometimes they are permanent, and sometimes ulcerate. They are most frequently found upon the forehead, at the commissure of the lips, and at the union of the alæ of the nose with face. When these tubercles appear long after the primitive disease they are very obstinate,

By far the most frequent form in which secondary Syphilis develops itself is that of the *Mucous Tubercle*; it is frequently the first indication of any constitutional disease and it sometimes appears in two weeks from the appearance of the original chancre. Want of proper cleanliness, acrid discharges and the friction and irritation of opposing surfaces seem to have much influence in developing it. The shape of the eruption is generally round, and the size varies from that of a split pea to several inches in diameter; the color is coppery or greyish; the surface is uneven and somewhat irregular, made up of small tubercles or papules; it secretes a viscid acrid discharge by which it is covered. Baumes and many others believe that it has been at times communicated by sexual intercourse and by inoculation; Ricord denies this, and accounts for the cases reported, by regarding them as chancres which, in the process of reparation, are granulating; he denies that the mucous

tubercle is ever found without being preceded by the chancre.

The most frequent locality of this eruption is about the anus, vulva, upon the scrotum, in short, in those places and under those circumstances that in an unaffected individual would produce Intertrigo. It is not an obstinate affection. Great attention to cleanliness, washing the diseased surface with a solution of Chloride of Soda, and dusting it with some absorbing powder is usually all the local treatment that is necessary.

MACULÆ.

It has not yet been proved that the Maculæ ever appear as the result of Syphilis, except in the form of the Syphilitic rash, and as a stain left by the disappearance of some of the other eruptions. Both of these affections have been spoken of under the Exanthemata and require no further description.

CAUSES OF SYPHILIDES.

Why some cases of Syphilis are followed by secondary symptoms and others escape, we are unable, in the present state of science, to say. Ricord has established that the indurated chancre is followed by Constitutional Syphilis; but we know not why one chancre should become indurated rather than another. The same distin-

guished Surgeon states that Syphilides never follow where the primary disease has been properly treated with Mercury.

Many, on the other hand, believe that many of the symptoms known under the name of Constitutional Syphilis, both in its secondary and tertiary forms, are occasioned by the use of mercury alone, or by the effects of mercury upon a constitution affected by Syphilis. Recent investigations prove that this is not the fact, and that if mercury has not the power of preventing Secondary Syphilis altogether, as contended by Ricord, that it does diminish the proportion of cases affected by it. Cazenave states that of 143 cases of Secondary Syphilis, 41 had received no treatment for the primary disease, 51 simple or antiphlogistic treatment, in 5 the treatment could not be ascertained, - and 12 only had received a complete mercurial treatment.

Considerable attention has been paid to learn the effects of climate, occupation, habits, &c., in producing Syphilides but hitherto without any satisfactory results. They appear indiscriminately in all ages, both sexes, and all conditions.

DIAGNOSIS.

Syphilides are to be distinguished from the other cutaneous diseases which they counterfeit, by their color, form, locality, appearance of the cicatrice and absence of irritation.

1st. COLOR.—The peculiar copper color of Syphilides is so characteristic that an experienced eye will often detect it at once. Still it is not an infallible guide; in some Syphilides it is not marked in their early stages, especially in Syphilitic Roseola and the vesicular eruptions; here the peculiar color sometimes does not appear except in the latest stage of the disease. Again a color, so similar to the Syphilitic as not to be recognized, is seen occasionally in other eruptions, especially upon the lower limbs.

2nd. FORM.—Syphilitic eruptions are usually, but not always, circular in their form; many other eruptions take this form, so that while it will in doubtful cases assist in the diagnosis it cannot be said to be pathognomonic.

3rd. LOCALITY.—Neither is there here any decisive test of the nature of the eruption. Generally speaking, those parts of the skin exposed to the air are most liable to this eruption. The junction of the alæ of the nostrils with the face, the commissures of the lips, and the forehead are frequently the seat of the eruption. Ricord says that according to his experience the parts of the body are affected in the following order; the trunk and the limbs, the scalp, the parts about the genital organs and anus, the face, (forehead, alæ of the nostrils, commissure of the lips, the chin, &c.), the interval between the toes, the soles of the feet and palms of the hands, the root of the nails, the umbilicus, and the passage to external ear.

4th. ABSENCE OF IRRITATION.—Neither can this symptom be considered pathognomonic; for while in most

Syphilides there is no itching or irritation, this is not universally the case, and it sometimes occurs in other eruptions.

5th. APPEARANCE OF THE CICATRICE.—After a Syphilide has disappeared, if it has been of a nature to leave a scar, its appearance has usually some peculiarities. After some time has elapsed so that the stain has disappeared, the cicatrice is found of a clear white color, usually of a circular form, with a thin state of the skin, as if there had been some loss of substance.

But usually it is only by attending to all these appearances and by a careful examination of the case that a confident decision can be made.

PROGNOSIS.

The Prognosis in these eruptions is usually favorable; many of them disappear spontaneously. Their obstinacy seems to be in proportion to the time that has elapsed since the appearance of the eruption, and interval between the primary and secondary symptoms.

TREATMENT.

The treatment of secondary Syphilis is generally satisfactory. Some form of Mercury is generally required, and except in cases of very long continuance, where the constitution has been ruined by the disease and injudi-

cious treatment, the eruption soon yields to this specific. Practitioners differ very much in their opinion of the comparative value of the numerous preparations of Mercury; Calomel, though it is more frequently prescribed than any other form of mercury, is the least active and probably the least efficacious mode of administering it. In many cases, however, it will succeed. It may be administered by itself or in combination with Opium, Antimony or some of the diaphoretics. The Corrosive Sublimate is a much more efficient remedy in the treatment of Syphilides; it may be given in a pill as prescribed by Dzondi, or in some of the numerous solutions and decoctions that have from time to time been recommended. Several of these prescriptions will be found in the Formulary.

Ricord and many recent authors prefer the combination of Mercury with Iodine, in the form of Iodurets to any other form of Mercury; and Cazenave in his elaborate treatise upon Syphilides, says, "of all the preparations of Mercury, and of all the modes of treatment in secondary Syphilis, and especially in Syphilides, hitherto recommended, there are none that will compare with the Iodurets of Mercury."—"The Proto-Ioduret is undoubtedly, at the present time, the one under which the symptoms of secondary Syphilis are most certainly and favourably influenced." This opinion has been generally sanctioned by practitioners who have made use of it. It rarely causes salivation, is tolerated by almost all stomachs, does not disturb the bowels, while it is a very active and efficient remedy. Some physicians prefer giv-

ing mercury in the form of the mercurial ointment made into pills, believing that the oleaginous compound is more efficacious. The formula for Biett's pills will be given hereafter.

The use of mercury by inunction has many supporters, and many of the best English practitioners prefer this mode of administering this remedy. Ricord makes much use of the Vigo mercurial plaster for promoting the resolution of obstinate syphilitic tubercles and indurations. In cases where from any cause, as from the irritable state of the bowels or skin, it is desirable to administer this remedy by some other method, it can be accomplished by inhaling the fumes of mercury; this mode, though highly recommended by many authors, is less certain than either of the others. It should be remembered, in the treatment of secondary Syphilis by Mercury, that it is rarely, if ever, necessary to produce severe Ptyalism.

The preparations of Gold have enjoyed considerable reputation as remedies for secondary Syphilis; and recently, those of Silver have also been recommended; the experience of Ricord, Cazenave and others well capable of judging, prevents our placing much confidence in either of these agents. Cazenave says that in his experiments with the preparations of Silver, that it did not succeed in a single case out of twenty patients.

The reputation of the Mineral Acids seems to be better founded, and most authors agree in recommending them in cases where from some idiosyncrasy, or from previous injudicious use the preparations of mercury are not adapted. Several formulæ will be given for their exhibition.

Several articles have been recommended, for the treatment of secondary Syphilis which are not very active, and yet that enjoy an almost universal reputation. Sarsaparilla and Guaiacum are the most frequently prescribed. They are both useful as adjuvants to be taken at the same time as the more active medicines, but cannot be relied upon alone.

Besides the combinations of Iodine and Mercury, several preparations of this article have been used. Ricord speaks highly of the Iodide of Iron, and the Iodide of Potash is probably the most useful remedy we possess where Mercury is inadmissible. Directions for the mode of exhibition and dose will be found in the Formulary.

Cinnabar fumigations are found very useful in dispersing the tubercular form of Syphilides; they may be administered either generally or locally, according to circumstances.

FORMULARY.

EXTERNAL APPLICATIONS. CATAPLASMS.

Emolient Cataplasm.

R Farinæ Seminum Lini }
" " Hordei } ā ā partes equales.
Aquæ vel Lactis q. s. ut ft. Cataplasma.

Charcoal Cataplasm.

R Carbon. pulv. }
Farinæ " } q. s.
Aq. Fontan. tepidæ }
M.

Cicuta Cataplasm.

R Cicutæ 3ij
Aq. Fontan. lb ij

Boil and add pulverized Elm bark so as to make it of the proper consistency.

These Cataplasms may be varied indefinitely by the addition of other ingredients, as Sugar of Lead, Camphor, Kino, Opium, &c.

BATHS AND WASHES.

Sulphurous Bath.

R Sulphuret. Potass. 3iv vel vi
Aquæ cong. xxv
M.

Iodine Bath.

R Iodine	3ij—iv
Ioduret. Potass.	3iv—viii
Aquæ	cong. xxv
M.	

Mercurial Bath.

R Corros. Sublimat.	gr. xxiv—3ij
Aquæ	cong. xxv

Acid Bath.

R Acid. Muriat.	3ij—iv
Aquæ	q. s.

Alkaline Bath.

R Potass. Carbonat.	3vj
Aq. Fontan.	cong. xxx
M.	

To allay itching.

R Cyanuret. Potass.	gr. xii
Emulsion. Amygdal.	3vj
M.	

For the same purpose.

R Acid. Hydrocyan.	3ij
Corros. Sublimat.	gr. ij
Emulsion. Amygdal.	3x
M.	

For the same purpose.

R Acid. Hydrocyanic.	3ij
Plumbi Acetat.	gr. xvii
Aq. Distillat.	3vii
Spiritus Vini rect.	3ij

To allay irritation and itching.

R Liquor. Ammoniaë Acetat.	℥ij
Mistur. Camphor.	℥iv
M. For the same.	
R Acetat. Ammon. Liquor.	℥iij
Alcohol.	℥iv
Aq. Rosarum	℥iv
M. For the same.	
R Sub Carb. Potass. }	
Aq. Distillat. }	ā ā ℥ij
Emuls. Amygdal. Amar.	℥viiij
M. For the same.	

Dupuytren's Lotion for the Itch.

R Sulphuret. Potass.	℥iv
Acid. Sulphuric,	℥ss
Aq. Fontan.	lb ij
M.	

Wash the part covered with the vesicles twice daily, and at the same time make use of simple baths.

Anti-Psoric Wash of the St. Louis Hospital.

R Sulphuret. Potass.	℥iss
Aq. Fontan.	lb j
M.	
R Acid. Muriatic.	℥iss
Aq. Fontan.	lb j
M.	

Pour one ounce of each of these into four ounces of warm water; to be used the same as the last.

R Plumbi Acetat.	gr. xii
Aquæ Distillat.	℥iv
Aceti Distillat.	℥ij
M.	

Lotion recommended by Dr. Thomson, in Acne Rosacea. The peculiar effects of these lotions may be varied so as to suit the exigences of the case by altering the proportions of the ingredients in these prescriptions.

UNGUENTS.

R Sulph. Sublim.	3v
Carb. Potass.	3ij
Aq. Fontan.	3j
Ol. Olivæ	3ss

Dissolve the potash, add the oil, and then incorporate the Sulphur in the soap thus formed. This ointment is used at the St. Louis Hospital for the itch; it does grease the linen and has no odor. The mean duration of the disease under this treatment is thirteen days.

R Sulph. Sublim. }	ā ā lb.
Sapon. Alb. }	

A more efficient preparation for the same purpose.

R Sulph. Sublim.	3iv
Potass. pur.	3ij
Adipis prepar.	3ij

This is also much used at the Hospital of St. Louis; it is very efficient.

Alcaline Ointment.

R Sub Carb. Sodæ	3ij
Adipis prepar.	3ij
M. ft. Ung.	

For Lichen, Prurigo, &c. To this may be added a few grains of opium if required.

R Acid. Hydrocyan.	gtt. xx
Cerat. Simp.	3ij
M. ft. Ung.	

R Pulv. Chlorid. Calcis	℥ss
Ol. Amygdal. Amar.	℥ij
Adipis prepar.	℥iij
M. ft. Ung.	

For papulous eruptions with itching.

R Sub Mur. Hydrarg. }	ā ā ʒij
Plumbi Acetat. }	
Adipis Curat.	℥ss
Pulv. G. Camph.	gr. vi
M.	

To promote the absorption of tubercles.

R Corros. Sublim.	℥ss
Pulv. G. Camph.	gr. v
Adipis Curat.	℥i
M. ft. Ung.	

In papular affections of the face.

R Proto Nit. Hydrarg.	gr. xx
Adipis Curat.	℥j
M. ft. Ung.	

In the Squamous affections.

Iodine Ointments.

R Iodine	gr. xv
Iduret. Potass.	℥j
Pulv. Opii	grs. iij
Adipis. Curat.	℥ij
M. ft. Ung.	

For chronic papular, and tubercular affections.

R Proto Ioduret. Hydrarg.	gr. xv
Adipis prepar.	℥j
M. ft. Ung.	

R Deuto Ioduret. Hydrarg.	gr. xii
Adipis Curat.	℥j
M. ft. Ung.	

These Ointments, of which the last is much the most active, are very useful in the treatment of local Squamous diseases and in syphilitic eruptions. They were introduced by Biett.

R Ioduret. Sulphur.	gr. xx
Adipis Curat.	℥j
M. ft. Ung.	

To be used as the last.

R Hydriod. Potass.	℥ss.
Adipis Curat.	℥j
M. ft. Ung.	

R Kreosot.	qtt xviii
Oxid. Zinci	℥j
Adipis. prepar.	℥ij
M. ft. Ung.	

For scaly eruptions.

R. Unguent. Picis liquid.	℥j
“ Hydrarg. Citrin.	℥ss
M. ft. Ung.	

Very efficacious in many chronic diseases of the skin, especially in the moist diseases.

Depilatory Ointment.

Calcis	℥ij
Sodæ Sub Carb.	℥iij
Adipis prepar.	℥ij
M. ft. Ung.	

Used in Favus.

ANTHRAKOKALI.

R Carbon. Potass.	partes 180
Aq. Fervent.	" 2500
M.	

After the solution of the Alkaline salt add Hydrate of lime in sufficient proportion to leave the potass free. Filter the fluids, and evaporate in an iron vessel till the surface assumes the appearance of oil. Then add 150 parts of coal in fine powder, stirring it with the liquid till it be well mixed. The vessel is then removed from the fire and the stirring is to be continued till the contents are converted into a black homogeneous mass. The Anthrakokali should then be placed in well-stoppered bottles, in a dry place, to exclude moisture. Fifteen parts of sulphur added with the charcoal increases its efficacy. It may be taken in powder in two-grain doses with Carb. of Magnes. three or four times daily.

R Anthrakokali	gr. xvi
Adipis Curat.	ʒj
M. ft. Ug.	

To be applied in chronic cutaneous diseases, twice daily.

FULIGOKALI.

This article is prepared thus :

R Caustic Potass.	20 parts
Soot	100 parts
Water	q. s.
M.	

Boil the mixture an hour ; cool, filter, evaporate and dry. The Fuligokali is obtained in the form of scales or powder, and must be kept in well stoppered bottles in a dry place.

The Sulphuretted Fuligokali is obtained by the following process:

R Soot	60 parts
Caustic Potass.	14 "
Sulphur	4 "
M.	

Heat the sulphur and potass with a little water, and after their solution add the soot. Evaporate, dry and close the resulting compound in well stoppered bottles, and keep in a dry place.

Wilson.

Gibert's Ointment.

R Fuligokali	3ss
Adipis prepar.	3j
M. ft. Ung.	

Wilson speaks well of this ointment in Psoriasis Palmaris and in some other cases.

INTERNAL REMEDIES. PILLS.

Plummer's Pills.

Sulphuret. Aurat. Antimon.	
Sub Mur. Hydrarg.	ā ā 3ij
Pulv. Guaiac.	3ss.
Muc. G. Acac.	q. s.
M. ft. pil.	

Asiatic Pill.

R Pulv. Arsenic. Alb. Sublimat.	gr. j
Piper. Nig. Bacc.	gr. xii
G. Acac.	gr. ij
Aquæ	q. s.

Rub the Arsenic and pepper together for many hours in an iron mortar, add the gum and water and make 12 pills. Dose one or two daily.

R Proto-Ioduret. Hydrarg.	gr. xii
Pulv. Rad. Glycyrrhiz.	q. s.
M. ft. pil. No. 48.	

Dose from one to four ; for syphilides.

R Deuto-Ioduret. Hydrarg.	gr. vi
Pulv. Rad. Glycyrrhiz.	q. s.
M. ft. pil. No. 36	

Dose two or three daily.

R Ung. Hydrarg.	}	ā ā 3i.
Pulv. Rad. Sarsapar.		
M. ft. Pil. No. 48.		

Dose from one to four daily.

Pills of Dzondi.

R Corros. Sublim.	grs xii
Pulv. Glycyrrhiz.	q. s.
M. ft. Pil. 120.	

R Ioduret Ferri,	gr. xx
Pulv. Rad. Glycyrrhiz.	q. s.
Muc. G. Acac.	q. s.
M. ft. Pil. No. xx.	

Dose from two to ten.

SOLUTIONS, TEAS, &c.

Liquor of Van Swieten.

R. Corros. Sublim.	grs. xviii
Aquæ Distillat.	℥ xxix

Dissolve the Corrosive Sublimate in the Alcohol and then add the water.

Dose; a teaspoonful two or three times daily in a glass of the decoction of Sarsaparilla, gradually increasing the dose.

Decoction of Zittman.

R. Sarsaparillæ Contus.	℥ xii
Aq. Fontan.	lb xviii

Boil for two hours, and then suspend in a bag in this tea,

Sulphat. Alumen.	℥ i
Sub. Mur. Hydrarg.	℥ iv
Sulphuret. Hydrarg.	℥ i

Boil and add

Sem. Anis.	℥ iv
Fol. Sennæ,	℥ iii
Rad. Glycyrrhiz.	℥ i ss

Steep and strain. Dose; from half a pint to a pint, morning and evening.

Decoction of Feltz.

Boil four ounces of the Sulphuret of Antimony, inclosed in a bag, in twelve pounds of water for an hour, then withdraw the antimony, and to this water add

R Sarsaparilla Rad.

℥ij

Ichthyocoll.

℥iiii ss

Boil to one half. Dose; six ounces three times daily.

It has not been thought necessary to give the formulæ for the preparation of many of the more common remedies in daily use for the treatment of diseases of the skin. Many of these are found in all the Dispensatories, and there is no propriety in placing them here. The reader is therefore referred to that place for the formulæ for the more usual preparations of Arsenic, for the decoctions of Sarsaparilla, Guaiacum, Dulcamara, &c., for the common ointments, pills and lotions in almost daily use. A physician can frequently adapt any preparation to suit a given case by varying the proportion of the ingredients, and succeed better than by using any formula.



DESCRIPTION OF PLATES.

FIGURES one, two and four are designed to show the appearance of eczema.

Figure 3d represents three stages of Herpes Zoster, the upper group being in maturity—the lower group to the left the first stage—and to the right, the decline.

Figures 5 and 9 represent Scabies, and from several of the pustules the *Acarus* is seen, at the extremity of which the *Acarus* is found.

Figures 7 and 8 represent the *Acarus Scabiei*.

Figure 6th is an illustration of Herpes Circinnatus.

Figure 10th shews four stages of Pemphigus.

Figure 11th two stages of Rupia.

Figures 12, 13, 14, 15 and 16 represent Acne Indurata, Punctata, Simplex, Rosacea and Syeosis.

Figures 18, 19, 20, and 21 represent Favus. In figure 20 are seen the hair follicles, upon the inner surface of the scalp, filled with the matter of Favus. Figure 19 represents a section of a healthy hair follicle magnified; and 21 the same filled with the matter of Favus.

Figure 22 represents common Impetigo of the scalp.

Figure 24 that of the face.

Figure 23 the Impetigo Granulata of the scalp with the scabs adhering to the hair. Erichsen.

Figure 25 represents the different stages of Impetigo.

Figure 26 the *Acarus Folliculorum*, from Wilson.

Figures 27 and 28 represent the appearance of the various stages of Eethyma.

Figure 29 represents common Roseola.

Figures 30 and 31 Urticaria ; the first remarkable for its symmetrical appearance.

Figure 32, Erythema Annularis.

Figures 33, 34, and 35 represent the varieties of Lichen.

Figure 36 represents common Prurigo.

Figures 38, 39, and 40 represent the varieties of Psoriasis.

Figures 42 and 43 represent the varieties of Lichen.

Figures 44, 45, 46 represent the varieties of Herpes.

Figure 47 is taken from Bateman to show his Molluscum Contagiosum.

Figure 48 represents Ichthyosis of the thumb ; from Alibert.

Figure 49 represents Elephantiasis of the face.

Figure 50 represents a Vascular Nævus.

Figure 51 represents a variety of Purpura.

Figure 52 represents a remarkable case of Alopecia of the beard.

Figure 53 shows the appearance produced by the internal use of the Nitrate of Silver.

Figure 54 shows the appearance of the Vesicular Syphilide, a rare form of constitutional Syphilis.

Figures 55 and 56 represent two stages of the pustular form of Syphilitic eruption.

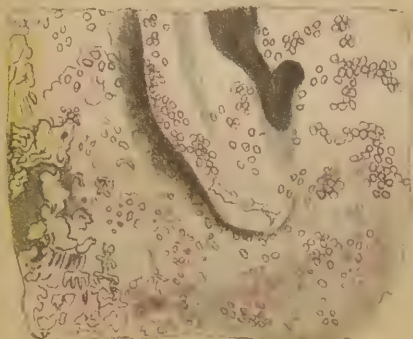
Figure 57 represents the Exanthematous Syphilide.

Figure 58 is taken from Ricord to show a very remarkable illustration of the Papular Syphilide.

Figures 59 and 60 show the varieties of the Tubercular Syphilide.

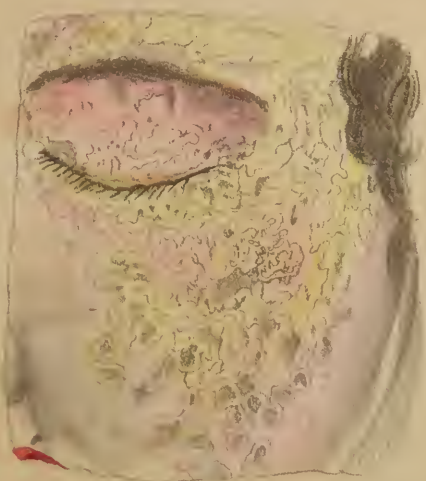
Figure 61 is an example of the Syphilitic Psoriasis,

1



Eczema Rubrum

2



Eczema of the Face

3



Herpes Zoster

4

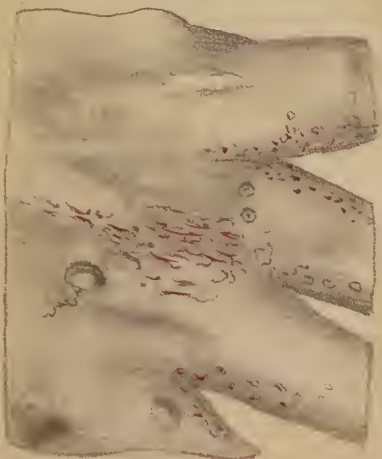


Eczema Capitis.



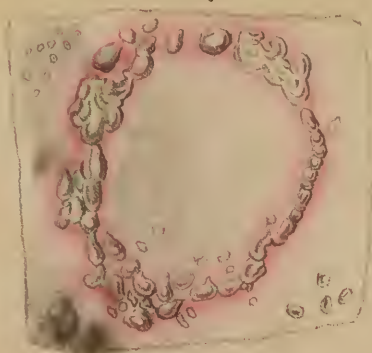
Acarus Scabiei.

5



Scabies

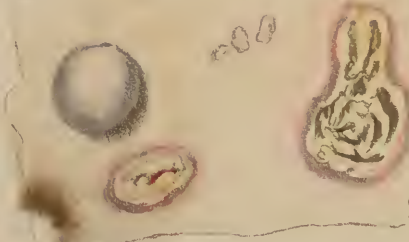
6



Herpes Circinnatus

Pemphigus Diutinus

10

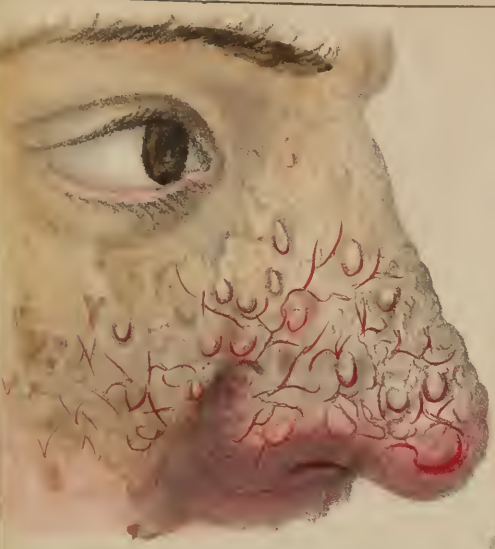
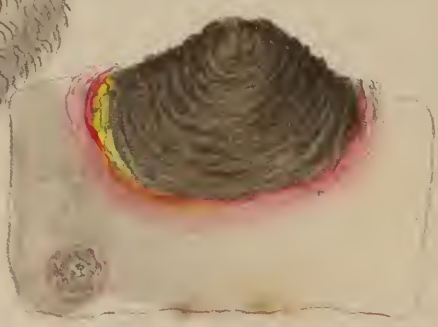


Scabies Purulenta

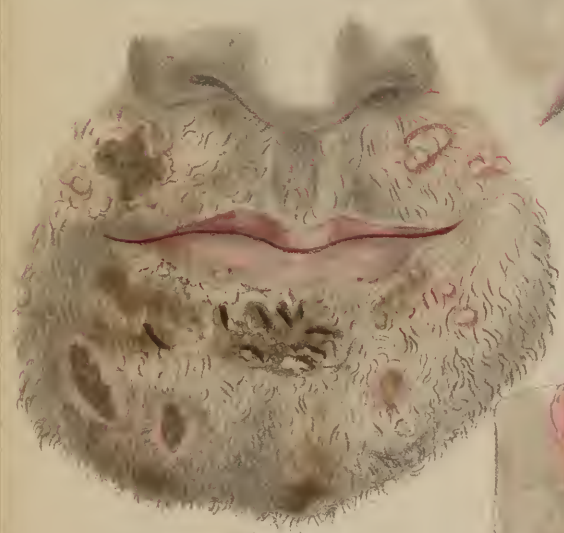
9



Rupia ¹¹*Prominens.*



15 *Acne Rosacea*



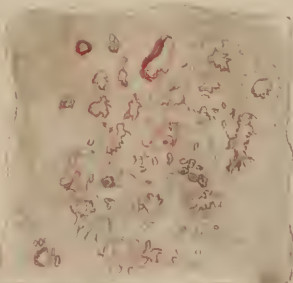
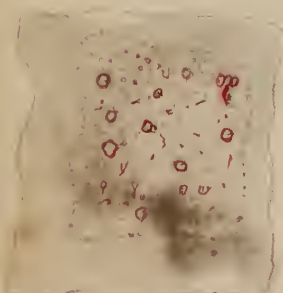
Sycosis Mentis.

Acne.

14

13

12



18

*Favus*

20

19

21

*Favus*

23

*Impetigo Capitis*

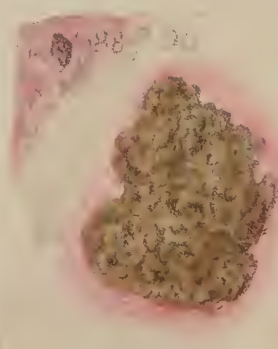
22

*Impetigo Granulata Capitis*

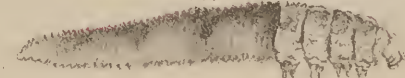
24

*Impetigo Sparsa.*

25

*Impetigo Figurata*

26

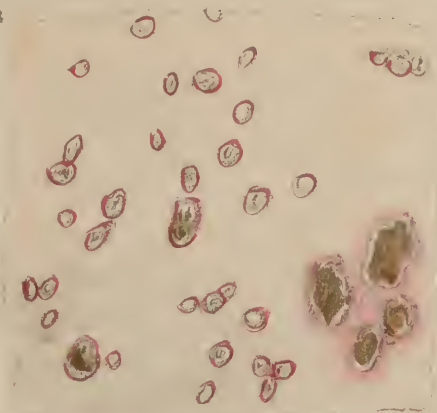
*Acarus Folliculorum.*

27



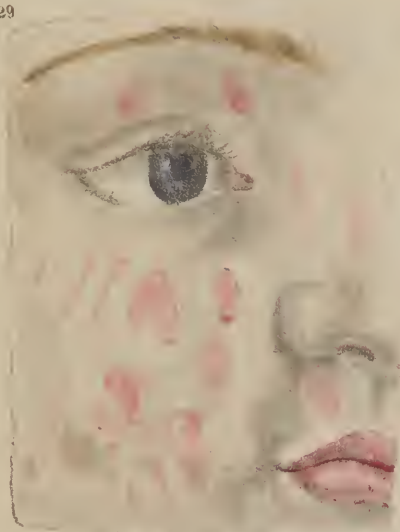
Ecthyma Vulgare

28



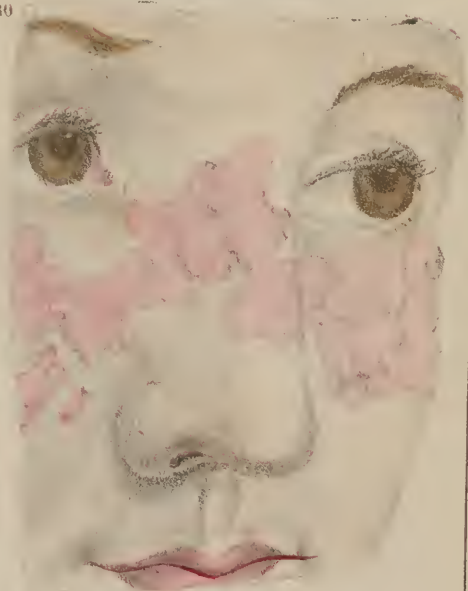
Ecthyma Cachecticum

29



Rosacea Aestivalis

30



Urticaria

32



Erythema Annularis

31



Urticaria

33.

34.

35.



Lichen Simplex. Pilaris.

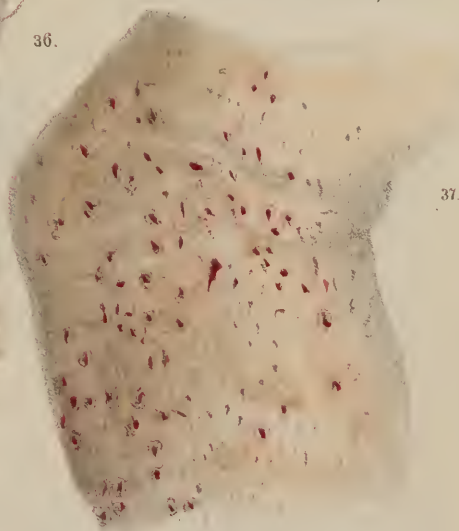


Lichen Circumscriptus.



Lichen Agrius.

36.

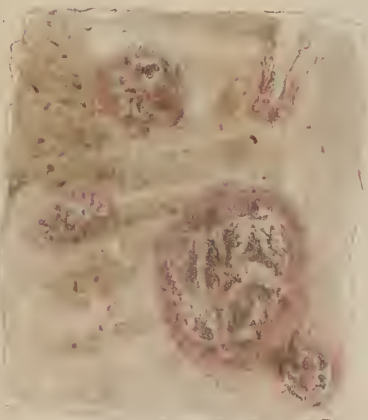


37.

Prurigo

38.

39.



Psoriasis Diffusa.



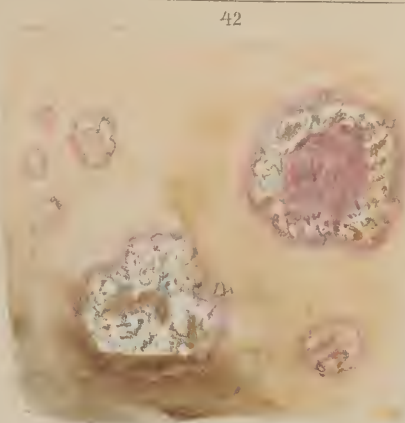
40.

Guttata Psoriasis Gyrata

41

*Psoriasis Palmaria.*

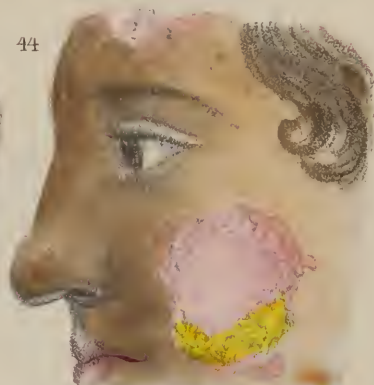
42

*Lepra Vulgaris.*

43

*Lepra Capitis.*

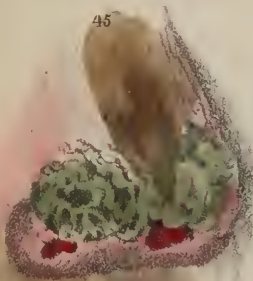
44

*Lupus Non Exedens.*

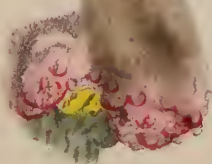
47

*Molluscum Contagiosum.*

45



46

Lupus Exedens.

48



Ichthyosis.

49



Elephantiasis

50.



Vascular Verrus

51.



Purpura urticans.

52



Alopecia of the Beard.

53



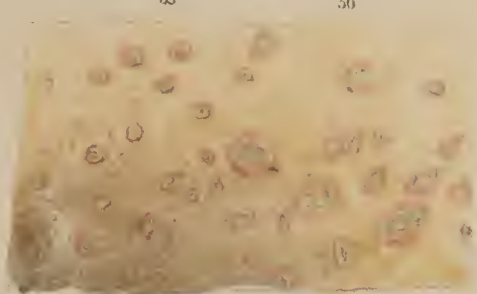
Color from the Nitrate of Silver

54



Vesicular Syphilide.

55



Pustular Syphilide.

56

57



Syphilide. Roseola.

58



Papular Syphilide

59



Tubercular Syphilide.

60



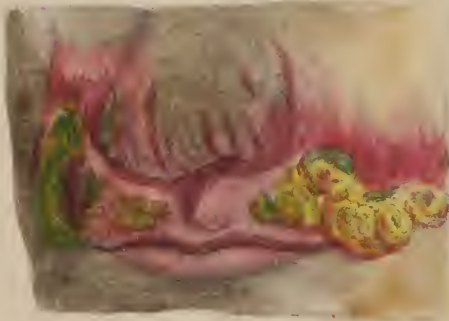
Tubercular Syphilide.

61



Squamous Syphilide

62



Tubercular Syphilide

